



Department of
Aging

John Kasich, Governor
Bonnie Kantor-Burman, Director

Ohio Department of Aging
Biennial Budget Testimony
Before the

OHIO HOUSE FINANCE
HEALTH AND HUMAN SERVICES
SUBCOMMITTEE

Bonnie Kantor-Burman, Director
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INTRODUCTION

Good day Chairman Burke, Ranking Member Goyal, and members of the subcommittee. I am Bonnie Kantor-Burman, Director of the Ohio Department of Aging (ODA). Thank you for the opportunity to be here. The Department's mission is to promote choice, independence and quality of life for aging Ohioans. This has been my mission and passion as well throughout my career. Before coming to the Department I helped lead the long-term care culture change movement. This national movement is dedicated to the transformation of older adult services from a clinical-based model to one based on person-directed values and practices where the voices of elders and those working with them are considered and respected. Core person-directed values are choice, dignity, respect, self-determination and purposeful living.

The Governor's Executive Budget brings these values to Ohio as we work to create a cost-effective and sustainable system of long-term care services and supports (LTSS) throughout our state. It is this framework that serves as the foundation for my testimony today. We are talking about the development of a long-term care system that is high performing for consumers, providers and our state—in other words, the creation of *a new wage for old age*. The budget we will be discussing is a tool to get us from yesterday to tomorrow. We certainly share your sense of urgency that we, as a state, need to innovate and develop a more coordinated and fully integrated approach to care and caring as our population continues to age. Through the Office of Health Transformation, Ohio has put the structure in place to move from a system where the services are disconnected and not aligned to one that is coordinated and cost-effective. During the course of my testimony, I will discuss the relevant resources and allocation changes that support the creation of this sustainable, evidence-based system.

CREATING A HIGH PERFORMANCE LONG-TERM SERVICES AND SUPPORTS SYSTEM

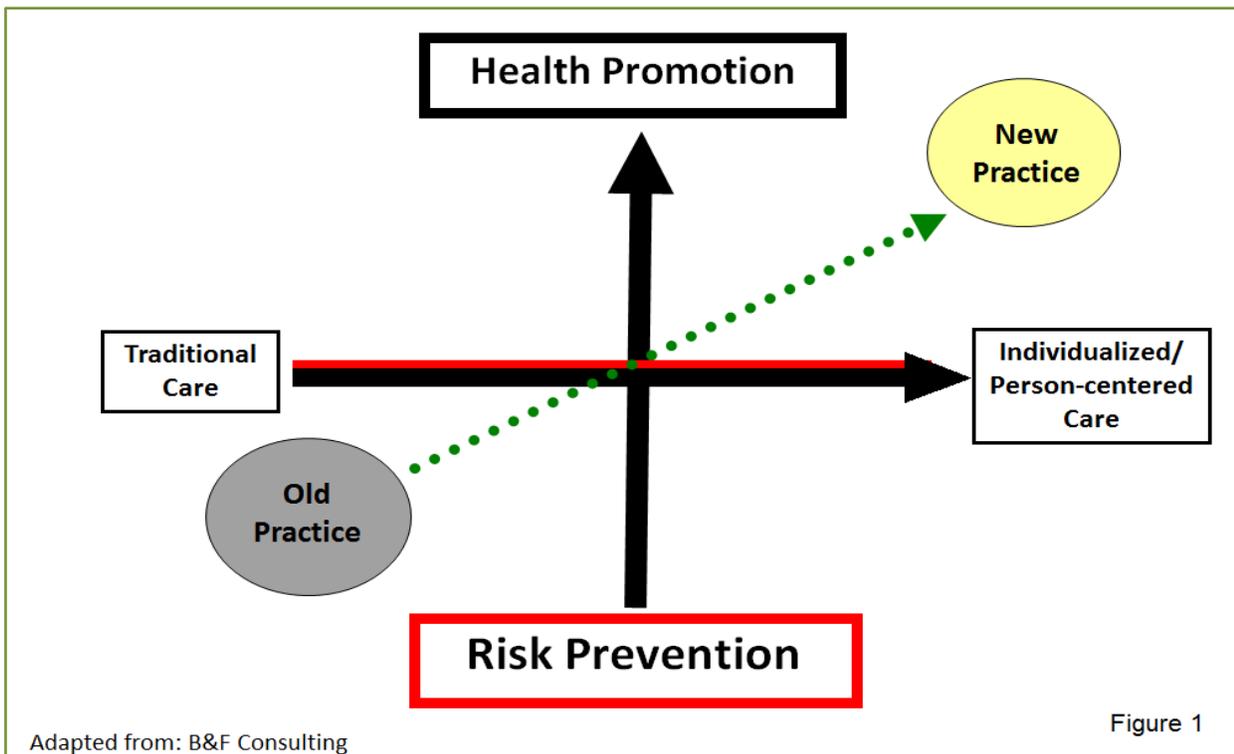
"Build a better mousetrap and the world will beat a path to your door."

This phrase, often attributed to Ralph Waldo Emerson, is used frequently as a metaphor for the power of innovation, but doesn't quite reflect the whole truth of the struggle that often accompanies innovative change. Change is indeed hard and often difficult to embrace—especially systemic change or innovation and the uncertainty that inevitably accompanies it. There is no doubt that the transformation to a person-centered approach to care and caring often requires systemic change—in organizational practices, physical environments, and relationships at all levels, along with workforce models. While creating a high performance system will lead to better outcomes for consumers, providers and communities alike, the new ideas that underlie this portion of the Governor's Executive Budget create uncertainties that need to be acknowledged and addressed.

We believe that the innovations proposed provide a relative advantage over the approach they supersede. In addition, the benefits and the outcomes will be observable. Thus, what we are asking you to consider here today and over the next few weeks is whether the budget presented adequately supports the exciting and necessary transformation. We will not fix what ails our approach to caring for our elders by doing the same things better. We will only fix what is broken by using bold new approaches—to payment, to care delivery, to elder engagement and to the active dissemination of best practices. Once we have presented all of the information, we hope you will agree that this is the right approach at the right time for the right people—that is, the elders we hold so dear and the taxpayers of our state who care about them. Throughout our testimony we will be highlighting organizational, staffing and quality of care outcomes, as well as market opportunities. It is time that person-centered care in practice becomes person-centered care in policy in the State of Ohio.

RECALIBRATING FOR RELEVANCE

As Figure 1 suggests, the Department’s budget reflects changes in focus – from risk prevention to health promotion – from traditional care to individualized care – and from old practice to new practice.



Just a few years ago, this type of approach could not have been possible for a state; it would be too complex and ambiguous. However, evidence-based practice and national evaluations have moved us from complexity to specificity so that we now understand the fiscal efficiencies, the staffing and market viability, along with the role of outcome-based Medicaid

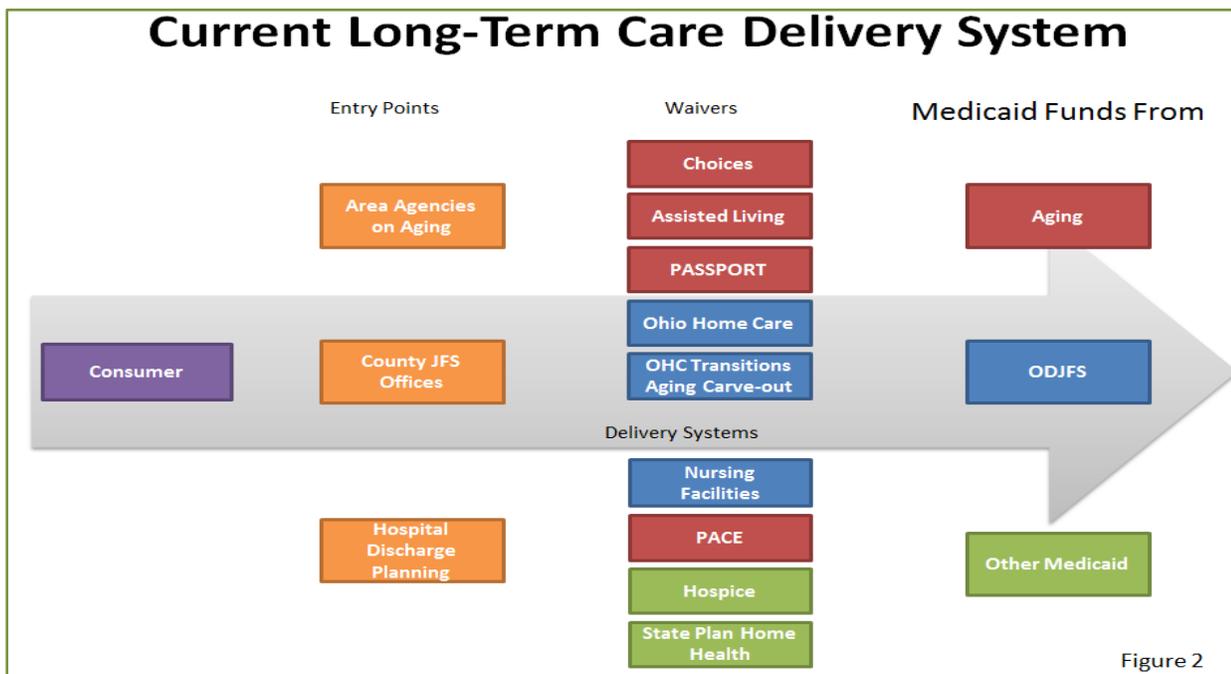
reimbursement, policy and incentives. More directly, we point to positive outcomes in operations, staffing, quality of care and quality of life. Our focus is on the relative advantage of the innovation for our elders, providers and our state.

The traditional approach to long-term care in Ohio is not sufficient to meet the needs of a growing baby-boomer population of savvy and demanding consumers. While the economic downturn has contributed to limited resources, the reality is that the traditional approach to care fails to provide an efficient and compassionate operational framework for elders, families, staff and providers. Fortunately, person-centered care provides an opportunity to encourage positive public, market and individual responses to aging. The new system responds to these challenges by providing greater organizational efficiencies, attention to community priorities and superior care for elders. This is especially timely in light of the aging baby-boomer population.

Efforts to integrate person-centered care into health care policy have commenced, are low cost to the state and should result in high-yield, positive outcomes that support our state’s goal of creating a responsive and sustainable long-term care system. Despite these positive outcomes and impacts, the policies of person-centered long-term care are not being provided or consumed at socially optimal levels throughout our state.

PUTTING OUT THE WELCOME MAT

Right now, the system focuses more on what is convenient for the institution and providers than the person being served, creating a fragmented and confusing system with multiple entry points, waivers and funding sources depicted in Figure 2 below.



Long-term care decisions often are made under intense stress. Being faced with an array of programs with different requirements and service packages makes it difficult for consumers and their families to understand their options. Because of the current system's fragmentation, advisors such as hospital discharge planners may find it easier to steer these consumers to more expensive nursing home care when other options are more appropriate and preferred.

Ohio is instituting a more unified delivery system as captured in Figure 3 that incorporates one front door entry point, a unified line item for LTSS and a single waiver encompassing all five nursing home level of care waivers.



Figure 3

One Front Door - Ohio will align the access points so that individuals can obtain needed services and supports in a seamless, timely and cost-effective manner in settings they choose. The aging network will serve as the "front door" into the delivery system for long-term services and supports, helping individuals understand their options and helping Ohio to achieve balance across various settings. We have already begun this transformation by designating our Area Agencies on Aging (AAAs) as Aging and Disability Resource Networks (ADRN). This national effort has been fostered by unprecedented cooperation at the federal level between the Administration on Aging (AoA) and the Centers for Medicare & Medicaid Services (CMS). The objective of a fully functional ADRN is to provide consumers with one-stop access to information in a timely, trustworthy and objective manner that assists consumers and their caregivers in accessing the right services at the right time in the right place. Among specific tasks, the ADRN coordinates eligibility determinations so that, for the consumer, a previously fragmented system becomes seamless and there is "no wrong door" for the consumer to enter.

Unifying the LTSS Budget for Choice - The Governor's budget reflects important policy directions following recommendations from the Unified Long-term Care System (ULTCS) Stakeholder Workgroup. The funding for our long-term services and supports (LTSS) programs – PASSPORT, Assisted Living, Choices and PACE – is moved to the Ohio Department of Job and Family Services (ODJFS) *line item 600525*, the same line item used to pay for nursing home care, creating a true LTSS budget. A unified budget means spending will be driven by the settings and services individuals choose rather than by the line item appropriations in the state budget process. And when the consumer's needs change, the new, more flexible system allows the consumer movement between different programs. Please understand that the Ohio Department of Aging continues to be responsible for the administration of these critical home- and community-based services (HCBS) for our elders.

One Waiver - While we are consolidating the funding for LTSS, combining both funding for nursing homes and HCBS into a single line item, we will go further in the second year of the biennium in consolidating Ohio's five nursing home-based waivers (ODA's PASSPORT, Choices, and Assisted Living, along with ODJFS' Ohio Home Care and Transitions Carve-out) to create even more flexibility for consumers. We will seek CMS approval to allow Ohio to align all five waivers serving adult Ohioans with physical disabilities.

HOME SWEET HOME

The Governor and the Ohio Department of Aging are committed to preserving services and maintaining open enrollment, giving Ohioans who qualify for a nursing home level of care unfettered access to PASSPORT, Assisted Living, Choices and PACE.

There are two challenges to maintaining open enrollment and avoiding waiting lists for services. First, we face an aging population with an increased demand for home- and community-based programs. This will grow the combined average monthly census for ODA's Medicaid waiver programs from 35,600 inSFY 2011 to an estimated 38,600 inSFY 2012 and to 41,500 inSFY 2013. Second, Ohio is losing roughly \$93 million in one-time federal stimulus money over the biennium (eFMAP) to support these programs.

These challenges – and our commitment to preserve services and maintain open enrollment – required us to make the following decisions:

- Increase state GRF spending roughly 60 percent to backfill both the loss of expiring federal funds and shift nursing home franchise fees.

State GRF spending for PASSPORT, Choices and Assisted Living waiver programs will increase from \$134.3 million in FY2011 to \$214.6 million in FY 2012 and \$217.9 million in FY 2013.

In SFY 2011 an additional \$15 million from nursing home franchise fees was committed to ODA's waiver programs to ensure no waiting lists. Combined with an ongoing roughly \$30 million annually from nursing home franchise fees, this leaves a \$45 million gap for SFY 2012 now being filled by GRF. In SFY 2012, nursing home franchise fees will be used solely to support nursing homes where in SFY 2011 \$45 million was used for ODA's waivers.

- Reduce PASSPORT, Choices, Assisted Living and PACE provider rates by 3 percent:
This budget also means less money available to the Medicaid service provider network. PASSPORT, Choices, Assisted Living and PACE service providers will receive a 3 percent rate reduction, which is less than the 7 percent reduction felt by nursing home operators and is mid-range for all Medicaid service providers. The reduction in FY 2012 follows a 3 percent rate increase in FY 2008 and another 3 percent increase in FY 2009.

- Reduce per member per month (PMPM) spending on PASSPORT consumer services by 8 percent in 2012 and 15 percent in 2013:

We have two concerns about recent trends in PASSPORT service spending. First, per member per month spending recently has been growing rapidly: 10.2 percent in FY 2009 and 7.1 percent in FY 2010.

ODA's second concern is that average PMPM spending varies 59 percent across PAAs. The PMPM ranges from a low of approximately \$851 per consumer monthly to a high near \$1350. Some variance is reasonable, but this range is much too extreme.

Taking into account the recent growth and variances in PMPM spending, we believe the 8 percent reduction in FY 2012 and 15 percent reduction in FY 2013 is achievable. We understand that the 15 percent reduction in the second year will be challenging, but the 59 percent variation between PAAs shows there is room to make this reduction. We do not propose an across-the-board cut, but rather expect higher cost regions to bring average PMPM spending in line with lower cost regions.

One important new tool to increase efficiency in the way we deliver services is a new waiver service we call Enhanced Community Living (ECL). ECL links our elders living in subsidized housing with supportive services that better meet the elders' service needs that are unscheduled and do not necessitate a full hour of service, e.g., assistance in going

to the bathroom. This will allow us to more efficiently schedule our providers while still improving responsiveness to the consumer.

- Better control medical equipment and supplies utilization in PASSPORT by better coordinating coverage for services already offered through Medicare and Medicaid.
- Reduce Emergency Response System (ERS) rates by 30 percent: Emergency response systems typically consist of pendants that are used to summon assistance. Ohio developed its current ERS rate structure in 1984. Because technology and competition have driven down the price of this service, we are reducing the rate for this service by 30 percent.
- Develop group rate transportation services:Presently, we pay more than the market dictates, charging the same rate per person regardless of how many people are being transported on the same trip. We will be gaining in efficiency and saving money by requiring that a group rate be charged when carrying two or more people on a trip. This also aligns our rate setting process with those of ODJFS waivers.

In addition to asking PASSPORT service providers to be more efficient, we are also asking our local administrative agencies to contribute savings. The Department contracts with PASSPORT Administrative Agencies (PAA) for initial program screening, assessments for eligibility and care management for consumers enrolled in PASSPORT, Choices and Assisted Living waiver programs. The PAAs also determine functional eligibility for nursing home care and certify providers. Currently, Catholic Social Services and 12 federallydesignated AAAsreceive a payment from the State of Ohio for these operations. In effect,PAAs are ODA's expression of local governments for PASSPORT, similar to the role county boards play for DODD, ODMH, and ODADAS. At the same time local governments are being cut 25 percent, ODA cannot exempt PAAs from cuts that others are experiencing.

- Reduce PAA administrative paymentsby 15 percent:
To a great extent, PAA budgets for site operations have been based on historical trends, resulting in a current variance of approximately 83 percent in operating costs per consumer across PAAs. A 15 percent reduction to site operating costs brings PAAs more in line with the estimated administrative costs of managed care organizations and other entities that have expressed an interest over the years in managing waiver programs.

REDESIGNING NURSING HOME REIMBURSEMENT FOR RELEVANCE THROUGH QUALITY INCENTIVES

“Home is not where you live, but where they understand you.” -- Christian Morgenstern

According to CMS, “quality-based purchasing... is the use of payment methods and other incentives to encourage quality improvements and patient-focused high value care.” In keeping with this definition, we are proposing the development of a quality incentive program focused on quality of life and quality of care for our elders and others needing nursing home care. This is meant to be a first step to building quality incentives across the entire LTSS system, both in nursing homes and in home- and community-based services.

These quality incentive changes in the nursing home reimbursement, which will begin no later than FY 2013, will initially focus on 7-8 evidence-based quality of care and quality of life performance measures that will comprise 8.75 percent of the nursing home Medicaid per diem rate. The proposed approach is grounded in the principles outlined and supported by the CMS federal regulations.

The nursing facility rate today includes a 1.7 percent quality incentive that averages (per statute) up to \$3.03 for a home that earns the entire incentive. While innovative when it was enacted in 2004, the measures are focused largely on business performance and create winners and losers because only half of the nursing homes can earn the incentive. As we transition to a high performance LTSS delivery system and move to market-based reimbursement, we are transforming the measures used to calculate each facility's quality incentive rate component to ones focused on quality of care and quality of life while utilizing funds currently built into the nursing home rate structure. These areas have the potential both to improve health outcomes for consumers residing in nursing homes and over time to reduce costs of nursing home care.

To date, leadership of the Departments of Health, Aging and ODJFS' Office of Health Plans have met with the three nursing home associations (Ohio Health Care Association, LeadingAge Ohio and the Ohio Academy of Nursing Homes) and begun discussing the performance measures to be used in the new quality incentive formula.

MythBusters -Core to our effort is the need to dispel concerns regarding the cost of providing LTSS that meet the preferences of consumers. While there may be initial investments necessary for some changes, the positive outcomes I will be discussing in just a moment will offset those investments. There are now compelling national findings which show return on investment from implementation. In fact, national data from the Pioneer Network show:

- ✓ **Positive Outcomes in Operations** - Organizations implementing person-centered care achieve significant improvements in operational areas, e.g., financial margins, occupancy, overall waste and food costs. Giving elders the opportunity to exercise personal choice in areas such as dining, sleeping and bathing schedules has increased the organization's market position and overall efficiency.
- ✓ **Positive Outcomes in Staffing** - Person-centered practices of consistent assignment, which allow opportunities for building relationships between residents and staff, result in lower staff turnover and absenteeism. Present clinical-based models that emphasize staff efficiency in completing tasks, often are counterproductive in placing focus on the task, rather than the needs of the individual.
- ✓ **Positive Outcomes in Quality of Care** - Elders who can express choice and preference in relationships and daily activities achieve better health outcomes in areas such as weight loss, pressure sores and activities of daily living. These are the true indicators of how a facility is performing and should be rewarded.
- ✓ **Positive Outcomes in Quality of Life**-Although researchers are still validating measurements of quality of life, early results indicate that a life of autonomy, engagement and choice improves quality of life for elders.

ADDITIONAL COORDINATION, INTEGRATION AND RESPONSIVENESS

- PACE- PACE, which stands for Program of All-Inclusive Care for the Elderly, combines payment for both acute and LTSS in a single, capitated system for consumers who receive all of their care, including hospitalization, physician care, nursing home care, administrative costs and most importantly, in-home services, through the PACE program. It truly is all inclusive. The PACE program currently operates only in Cincinnati and Cleveland. We will be conducting an evaluation of our PACE program in order to ensure cost-effectiveness.

One issue for PACE, which involves both Medicaid and Medicare, is that the federal government does not currently share savings produced on the acute side for dual eligibles through better care coordination with the states. Substitute H.B. 153 makes expansion of PACE to other Ohio cities contingent on the federal government's agreeing to share these cost savings with Ohio.

- Residential State Supplement (RSS)(*line item 490412*) is an income supplement to low income Ohioans that enables them to live in group settings such as adult care facilities and

residential care facilities. Because 75 percent of RSS participants are under the age of 60 and have a primary mental health diagnosis, this budget proposes to transfer responsibility for the RSS program to ODMH. This makes sense. At the same time, the Department of Health (ODH) is transferring its licensure responsibility for adult care facilities to ODMH. Ohio Department of Aging staff has met with counterparts at Mental Health and Health to finalize logistics and address issues such as what this change in venue means for the 25 percent over the age of 60 without a primary mental health diagnosis. The collective aim is to ensure a seamless transition for all consumers participating in the RSS program.

- Older Americans Act (OAA) and Related Programs – In addition to operating Medicaid-funded LTSS for older Ohioans, the Ohio Department of Aging is designated by AoA as the State Unit on Aging for Ohio. We receive funds appropriated under the OAA to provide home-delivered and congregate meals, supportive services and services under the National Family Caregiver Support Act. (Supportive services include: transportation, in-home services and services available through senior centers.) Unlike our Medicaid programs, eligibility for the OAA programs is not means tested.

Ohio is required to contribute a portion of the funds used for these important services through two mechanisms, and compliance with these federal requirements is measured in two ways. One is that a 15 percent local match is required. We have shifted some of the funding from the Alzheimer's Respite (*line item 490414*) to Senior Community Services (*line item 490411*). Taken together, the proposed increase to Senior Community Services and the decrease to Alzheimer's Respite lines net out to an aggregate 10 percent reduction. This was done to ensure that the local AAAs have enough flexibility to meet the 15 percent match requirement. This shift does not eliminate ODA's present commitment that a portion of these funds be used for core services (e.g., support groups) provided through Ohio's seven Alzheimer's Association chapters.

Ohio must also meet its federal maintenance of effort (MOE) state funding requirement, based on an average of the previous three years' state funding contributions. Presently, we have a waiver from this requirement. Based on the proposed funding level, we have already begun working with AoA toward seeking a waiver for the next two years.

OAA funding has been providing vital services to our elders since 1965. We are thrilled with AoA's new emphasis on Healthy Aging through the creation and funding of evidence-based programs like the Chronic Disease and Diabetes Self-Management Programs (CDSMP/DSMP), where lay leaders facilitate workshops to help people learn how to

manage their chronic conditions. Currently, over 70 workshops are scheduled statewide, and we are in discussions with Ohio's public retirement systems, patient-centered health home initiatives and several managed care organizations about how to expand these best-practice programs.

Our partnership with the Ohio Association of County Behavioral Health Authorities expands another best-practice Healthy IDEAS (Identifying Depression, Empowering Activities for Seniors) program in Ohio. Healthy IDEAS is a depression self-management program conducted by care managers and includes screening and assessment, education for clients and family caregivers, referral and linkages to appropriate health professionals.

Older workers are a valuable and rapidly growing resource for the 21st century workforce. The OAA's Senior Community Services Employment Program which serves over 2,600 older workers, enhances employment opportunities for unemployed older Ohioans and promotes them as a solution for businesses seeking trained, qualified and reliable employees.

The Department of Aging is a fundamental partner in Ohio's Long-term Care Direct Service Workforce Initiative. This initiative was established in response to efforts of multiple state agencies (Aging, Job and Family Services, Education, Health, Mental Health, Developmental Disabilities, and Alcohol and Drug Addiction Services) to develop a unified strategy to improve the direct service workforce in Ohio. This includes nurse aides, home health aides, direct support professionals and other direct service providers. Through this strategic project, Ohio will identify specific workforce needs across long-term care settings and service sectors, as well as collaborative solutions to leverage costs and create efficiency in our long-term care system. Some examples of workforce needs that are being addressed by the project include recruitment, retention, worker literacy, overlapping skill sets for emerging models of care and a database for consumers to find services.

- Ombudsman - Ohio's Office of the State Long-term Care Ombudsman Program is recognized as one of the best in the country. To maintain the quality of the program, the State Ombudsman will be creative in focusing on core services and shifting the culture of her Office to achieve efficiencies. Ombudsman GRF funding (*line item 490410*) is supported at 90 percent of 2011 levels.

The ombudsman program receives over 9,000 complaints each year. Going forward, ombudsmen are being trained to approach problems with an eye on the root cause. They

will work with long-term care providers – from nursing homes to home care – to identify person-centered practices providers can implement to sustain resolution. In home care, ombudsmen will work on greater visibility to make sure consumers know they have an independent advocate to help with concerns and educate them about choice and self-determination in services. In adult care facilities and residential care facilities, the Office's quality improvement targets include greater emphasis on a regular presence in those homes, again to empower consumers to expect excellence.

For ombudsman work in nursing homes, the decrease in state funding will be offset by devoting the Ombudsman Support Fund (*line item 490620*) to enhance person-centered care approaches. The funds will be transferred from the Resident Protection Fund, the collection account for fines paid by nursing homes providing deficient care. The funds will be used for training and grants to regional ombudsman programs to work with specific nursing homes. They will engage residents and families, partner with the Advancing Excellence in America's Nursing Homes Campaign and the Ohio Person-Centered Care Coalition, and participate in training for nursing home staff to implement and sustain person-centered care. The State Ombudsman is about to embark on a new partnership with Ohio AARP to recruit additional volunteers who will be trained and certified as long-term care ombudsmen and can be involved in helping to achieve person-centered care goals. This program is also supported by federal Title VII funds (*line item 490612*) and state special revenue from bed fees (*line item 490609*).

- Long-term Care (LTC) Consumer Guide- The LTC Consumer Guide (*line item 490613*) is a web-based portal that provides information on every nursing home and residential care facility in the State of Ohio. The Guide includes an array of information, including quality measures, any health deficiencies cited by the Ohio Department of Health and information about specialized services offered by the homes. Its greatest innovation is that it contains results of family and resident satisfaction surveys that are designed to aid consumers and their families in selecting a home.

There are two proposals in Substitute HB 153 affecting the LTC Consumer Guide. The first proposal provides for inclusion of service provider types other than nursing homes and assisted living facilities in the guide, such as home care providers and adult care facilities. The other proposed change is to increase the amount nursing homes pay. One reason we are concerned about that is that the scores achieved by nursing homes on the customer survey are used in the calculation of the reimbursement formula for nursing home Medicaid funding. Also, the fees cover the cost of the customer satisfaction surveys,

and we have experienced increased cost for conducting these surveys that would prevent us from doing the next scheduled survey without this funding.

- Senior Volunteers - Over the past two decades, a growing body of research indicates that volunteering provides not just social benefits, but individual health benefits as well. This research has established a strong relationship between volunteering and health: those who volunteer have lower mortality rates, greater functional ability and lower rates of depression later in life than those who do not volunteer.

Senior Corps subsidy funds are used to provide a very small amount to support three federal volunteer programs in Ohio: RSVP, Foster Grandparents and Senior Companion. Like other ODA GRF line items, we are making a 10 percent reduction (*line item 490506*).

To more effectively use these funds, ODA is working with the Corporation for National and Community Service's Ohio office to target the state subsidy to Senior Corps projects that support specific senior focus areas in the Serve America Act (e.g., Healthy Futures – Improve quality of life for older Americans/Reduce obesity rates) and the Department's Healthy Aging initiatives. These funds will be used to leverage volunteers to support deployment of ODA's evidence-based disease prevention programs (e.g., CDSMP, DSMP) and civic engagement initiatives (e.g., Village to Village Model).

Also, you will note in the LSC Redbook that ODA will no longer serve as the fiscal agent pass-through for the Ohio Community Service Council.

LANGUAGE CHANGES IN SUBSTITUTE HB 153

Consistent with my budget presentation today, I wanted to alert you to some important policy changes that I have not had a chance to discuss in earlier parts of this testimony. Many of the changes below are a direct result of the work done by the Unified Long-term Care System Workgroup:

- Defining a "balanced" long-term services and supports system. (*Sec. 309.35.10*).
We are directed to strive to achieve a 50/50 balance in the number of consumers age 60 and over who receive care in nursing homes and the number of consumers who receive home- and community-based services. For consumers under age 60 the proportion target is 40/60 – with 60 representing the number of consumers in home- and community-based settings. This goal, while aggressive, is achievable with the policy changes I have discussed today. Is this the best we can do? Absolutely not! Once this intermediate goal has been achieved, Ohio should continue to improve its system and should set new targets.

- Changing assisted living eligibility. (*Sec. 5111.89ff*).

Also consistent with a ULTCS Workgroup recommendation, Sub. HB 153 would allow consumers who need and want assisted living to be admitted directly from the community. Current law limits participation in the Medicaid waiver to nursing home residents, residents in residential care facilities who have resided in this setting for at least six months while privately paying for care and consumers enrolled in another Medicaid waiver.

A second change in the language is that PAAs are given the authority to enroll consumers on the Assisted Living waiver while their application for Medicaid eligibility is pending. This is currently being done effectively by the PAAs for PASSPORT and in addition, this provision may alleviate some of the hardship that providers face when trying to get consumers enrolled in a timely fashion.

- Allowing ODA to establish fees for provider certification activities. (*Sec. 173.391*). This language will partially offset the costs associated with provider certification. Funding may also be used to include home- and community-based service providers in our Long-term Care Consumer Guide. Finally, this language standardizes language governing provider appeals between ODJFS and ODA.
- Modifying the “Home First” provisions of Ohio law governing PASSPORT (*Sec. 173.401*), PACE (*Sec. 173.501*) and Assisted Living (*Sec. 5111.894*). Language governing the transfer of funds between ODJFS and ODA for Home First (i.e., nursing home residents who enroll in ODA-operated Medicaid programs) has been deleted to reflect that all funding for these programs and supports now comes through a single line item.

OPERATING COSTS

Historically, the Department of Aging has provided operational support for its programs at less than 2 percent of its total budget. Operating expenses (*line item 490321*) have been cut for the coming biennium by 12 percent. This line item comprises only part of our operating expense, and we believe we will be able to meet this reduction through staff attrition and continued cost-saving measures.

CONCLUSION

On February 21, 2011, AARP, in collaboration with the Pioneer Network, presented a webinar entitled, "Live a Good Life Wherever You Call Home: How Long-Term Care is Changing to Meet Your Needs." The program focused on helping consumers understand the importance of expressing choice and making decisions in meaningful ways as their care needs change. Over 3,000 individuals signed up for the live event. Then, just last week, the National Consumer Voice for Quality Long-term Care (formerly NCCNHR, the national organization that advocates for quality care and quality of life for consumers in all long-term care settings) launched its new guide *Piecing Together Quality Long-Term Care: A Consumer's Guide to Choices and Advocacy* to educate people with disabilities and older adults about their options for long-term services and supports and empower them to be self-advocates for quality, person-centered long-term care.

As Sarah Wells, Executive Director for the National Consumer Voice for Quality Long-term Care, wrote, "While older adults and individuals with disabilities may have different needs, they all deserve a choice of quality long-term care services," She continued, "Many consumers face the daunting and overwhelming task of trying to navigate a long-term care system that is fragmented and complicated. This project aims to build a bridge between the aging and the disability communities and create a strong, unified long-term care consumer voice."

Our consumers in Ohio are also starting to speak with a strong, unified voice, thanks to the work of organizations such as Consumer Voice and AARP. This voice and its pleas will become more unified and louder in the next few years as our population continues to age. Between 2007 and 2020 our state's total population is projected to increase by 5 percent while the cohort over age 60 is expected to increase by a full 34 percent. By recalibrating our system for relevance, the State of Ohio is taking an important step toward creating a responsive, sustainable system that meets the needs of our elders, providers and taxpayers. The policies outlined today and the Executive Budget that supports them are intended to move us from yesterday to tomorrow—and on to 2020--when the voices will be louder and the needs will be greater still.

Thank you for letting my voice be heard today. I welcome the opportunity to work with you during the months and years ahead, as we continue to care for and about our state's elders in the most responsive and cost-effective manner.

I would more than be happy to respond to any questions.