



Is Proposed Expansion of MLTSS Right for Older Ohioans?

Without an evaluation, we don't have evidence that such a move is good for older Ohioans and good for the state budget.

What is the MLTSS Proposal?

- In January 2017, the Governor's Office of Health Transformation released policy documents outlining the Administration's Medicaid priorities for the next biennium, including expanding managed long term services and supports statewide.
- MLTSS only currently exists in Ohio within a federally defined demonstration program in 29 mostly urban counties (MyCare Ohio), which integrates Medicare and Medicaid.
- The Governor's Office of Health Transformation is proposing to create a new MLTSS program for all 88 counties, many of which are rural or Appalachian.
- The new MLTSS program would shift responsibilities for PASSPORT, the Assisted Living waiver, PACE, Medicaid Buy-In for Individuals with Disabilities, and nursing facility care to managed care insurance companies.
- Consumers in those programs would be required to receive their daily and weekly in-home services from the managed care insurance companies.
- The proposal is expected to be implemented by July 2018 after approval from CMS and seeking requests for proposals for three managed care plans statewide.
- The proposal excludes Medicaid waivers for those who have developmental disabilities. Those individuals may choose to participate voluntarily.

Will the MLTSS Proposal Save Ohio Money?

Office of Health Transformation: The combined impact of implementing MLTSS and timing changes in the Medicaid managed care program will have ***no impact on state funds.***

What is MyCare Ohio?

- In year 3 of 5-year demonstration to integrate Medicaid (long-term care) and Medicare (health care) for people dually eligible into managed care
- Serving 100,000+ Ohioans age 18 and over, in 29 mostly urban counties
- Includes people who were on the PASSPORT and Assisted Living waivers, Ohio Home Care waivers and in nursing homes
- 5 managed care plans in 7 regions
- Managed care plans contracted with Area Agencies on Aging to provide "waiver service coordination," and in some cases, full case management functions. These roles are different, and in most cases much more limited than their role in the PASSPORT program but provide continuity and access to local community based services.
- **What we know (and don't know):** The learning curve for managed care has been very steep in MyCare Ohio and the resulting upheaval for consumers and small businesses has not been easy. Provider payments, access to services, transportation, delays in prior authorization, enrollment and assignment, and system issues are all issues that have risen to the surface.

*Former Medicaid Director John McCarthy has said publicly at state and national events that **including Ohio's Area Agencies on Aging in the MyCare Ohio demonstration program was one of the best decisions he has made.***

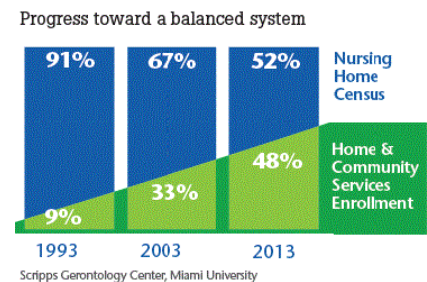
The Role of Area Agencies on Aging

Area Agencies on Aging ensure that community needs are taken into consideration and that the resulting delivery system is tailored to the community.

- AAAs are embedded in our communities and are able to leverage many different resources to provide a holistic approach – PASSPORT is one of the key resources integrated into the AAAs' delivery system.
- Ohio is not one size fits all. Urban, rural and suburban areas all have different issues. AAAs are nimble and able to meet the needs of our individual communities. Rural areas have special challenges that haven't responded well to managed care insurance companies in the past. Community ties are strong. AAAs are in the community and expertly manage local community networks and resources to ensure that older Ohioans have access to home and community based services.
- The AAA network is involved a number of innovative approaches to meeting the needs of the community, such as working with local health systems to explore new models for improving health care outcomes and exploring value-based payments and mobility management.
- AAAs' commitment to local communities includes investments in local office buildings and other improvements, and employment of over 2000 people. Removing PASSPORT would devastate these agencies and remove the local connection.

What Works: The AAAs have been managing PASSPORT for over 30 years, and have been the driving force to moving the needle from mostly nursing home care to empowering people to age with dignity in their homes.

- From 1995 to 2011, as a result of PASSPORT, well before managed care was introduced, the use of Medicaid-funded nursing homes by Ohioans age 60 and older dropped by 14.5% despite a 15% increase in the aging population. The rate of people receiving nursing facility care compared to in home care decreased from more than 90% in 1992 to 52% in 2013.



- Older Ohioans overwhelmingly have praised the PASSPORT program. Customer satisfaction consistently rates PASSPORT at 95% or higher.
- Area Agencies on Aging keep general administrative costs down to the bare minimum, averaging at 2-3% of their PASSPORT budgets.
- When faced with a state budget crisis, Area Agencies on Aging were effective in lowering PASSPORT care plan costs without harm to consumers.

PASSPORT is Already Well-Coordinated Care

- State policy decisions should be made based on evidence that the policy changes will improve the lives of Ohioans, not just fiscal expediency or administrative convenience.
- Moving long term services and supports into managed care “to extend the benefits of care coordination” to all remaining populations ignores the fact that PASSPORT services are already well-coordinated by the Area Agencies on Aging.
- Long term services and supports such as home care services are not health care services. Care coordination in Medicaid managed long term services and supports means coordinating long term services and supports, for the majority of individuals it does not mean coordinating health care.