

Our Consumer Plan

A major emphasis of our Consumer Plan is to ensure that older adults and people with disabilities are heard by legislators and government officials as they develop policy and the rules that govern the implementation of that policy. We strive to ensure that their needs are addressed and to provide a range of choices to them in how and where they age. We build this advocacy and education strategy around the collective voice of our national and state trade associations. By leveraging this collective expertise, we can ensure a consistent message, timely advice and feedback, and effective methods and channels of communicating with elected officials.

At the National Level

Vigorous debate occurred in Washington D.C. regarding healthcare in 2017. One of the proposed programs held harmless in the current budget proposals is the Older Americans Act. This legislation provides vital services such as home delivered meals, transportation, legal aid, informal/family caregiver support, and health education. AAAs use these services to achieve a positive impact on the social determinates of health, thereby improving the overall health and well-being of older adults. We must ensure that our legislative representatives understand the important impact these services have on Older Ohioans. In the past, we have worked with our trade associations to build solid relationships with our legislators through regularly scheduled dialog. **We will now use that success to build similar relationships with newly elected Senators and Representatives, utilizing regional partnerships and effective, ongoing communication.** These relationships will ensure older Ohioans have clear lines of communication with their elected officials in Washington D.C.

In Ohio

Our Care Management Role

During the deliberation of the Governor's proposed budget for Ohio, several policy changes were proposed that impacted the way PASSPORT and the Assisted Living Waivers were to be administered. Under this new proposal, all Medicaid waivers would be privatized and contracted

by the state through managed care organizations (MCOs). This new system, called Managed Long Term Services and Supports (MLTSS) is being implemented in many other states as a way for states to control Medicaid costs.

Recognizing the historic and successful role of the AAAs in re-balancing the state's long term care system between institutional care and community-based care, the state agreed to require MCOs to use the AAAs for vital care management and other components of the newly proposed program. This continuation of the AAAs' role in long-term care management was due not only to our long-term past success, but also to our strong relationship with our elected officials whose constituents we serve. Their support ensured that their constituents would receive seamless quality care within this newly proposed system.

Currently, the proposed MLTSS plan has not been finalized and the state's direction is uncertain. Regardless of the final direction that the state chooses for Medicaid long-term services and supports, **we will continue to build on our accomplishments and advocate for our role in this and other Medicaid Waiver programs going forward.**

Our HOME Choice (facility to community) Role

The HOME Choice Program (Money Follows the Person) allows long-time Medicaid residents of nursing homes, residential care facilities and hospitals to return to the community

Bridge The Gaps

While aging and disabilities can create barriers to independent living, the careful and purposeful blending of episodic medical care and ongoing community-based supportive services can produce tremendous outcomes.

Direction Home Akron Canton partners with medical professionals, including a geriatrician and pharmacist, to participate in our **Care Management Interdisciplinary Team (CMIT.)** In CMIT, complex cases are addressed by these medical and care management professionals, bringing to the table different viewpoints and skill sets. We help 173 members a year through CMIT and their reviews of situations to resolve the most complex intersections of medical, behavioral and environmental issues to ensure our members remain as independent as possible.



with resources to obtain and maintain housing and other supporting services. This program has been a resounding success from both a human and economic perspective. The resident gets to return to an independent living environment (with supportive services) and the state realizes a significant economic benefit inasmuch as the cost to Medicaid of community-based care is much lower than nursing home care.

The HOME Choice program allowed us to transition more than 240 Medicaid facility residents back into the community in 2017, and has become a very successful and popular program. In spite of the program's success, in 2017, federal officials at the Center for Medicare and Medicaid Services (CMS) determined that due to a perceived conflict of interest, the HOME Choice programs statewide were not compatible with the AAAs Ombudsman programs within which they operated. Thanks to the work of our staff and the Ohio Department of Aging, we were able to mitigate these conflict of interest concerns by utilizing best practice "firewall" policies. These firewalls ensured our HOME Choice program was able to remain within the AAA under different leadership and reporting structures while continuing to provide the exemplary level of care our community expects from us. **We will advocate for continued funding for the effective HOME Choice program after its federal demonstration period ends in 2019.**

Our Front Door Role

In order to access funding from the U.S. Center for Medicare and Medicaid Services, the Ohio Department of Medicaid and the Ohio Department of Aging created a new front door process for those interested in long-term services and supports. This program, Ohio Benefits Long Term Services and Supports (OBLTSS) created single entry points (SEP) that work within the same IT system to collect information on the needs and characteristics of callers. This information is then delivered to The Ohio Department of Job and Family Services for assessment and enrollment in Medicaid programs for those who qualify. We have worked with our SEP partners as well as the state, but several questions and process improvements still need to be addressed for

OBLTSS to effectively function as well as the previous front door system. To that end, **we will advocate and collaborate with stakeholders to correct the issues hampering the implementation of this program as well as to solidify the established AAA role as the Aging and Disability Resource Centers for Ohio. We will continue to work with the community to ensure they understand how to access information and assistance on long-term service and supports.**

In Our Region

In 2017, the Akron Community Foundation (ACF) awarded Direction Home Akron Canton the largest grant to a single entity in their history. This funding was a result of ACF's strategic planning initiative. The grant will allow us to address one of their key strategic focus areas: supporting the growing older adult population in our community. It will fund two main projects:

- Creating a uniform, centralized access process for services
- Create a program that increases the awareness and addresses some of the myths associated with accessing long-term services and supports

Thanks to this initiative, we will be able to address a fundamental need: support for older adults who need in-home care to stay in the community but do not qualify for Medicaid. We created a three-year plan to achieve the goals of the Akron Community Foundation grant. Much of this plan has already begun to take shape, including developing partnerships with community organizations, surveying Summit County as part of a comprehensive needs assessment, and recruiting subject matter experts to help with the creation of the centralized access process. As we move forward, **we will implement a community awareness and messaging campaigns, and design solutions for a community-wide centralized access process.**

Meet Mable

Mable presented one such case reviewed through CMIT. Mable was suffering from macular degeneration and diabetes, and was finding it difficult to manage her insulin due to her vision limitations. Mabel wanted to stay in her mobile home even though it was in a state of disrepair. She did not wish to move even though the home suffered from various structural issues. Mable did not have family in the area to assist, and was faced with nursing home placement unless solutions were put in place.

Thanks to CMIT, Mable's Care Manager was able to work with Mable and her health care professionals in a systematic way. Mable's existing PASSPORT benefit repaired her home, DHAC worked with her doctor to identify and provide diabetes self-management training that met her needs, and our CMIT pharmacist linked her with resources to better manage her insulin. Thanks to this interdisciplinary team, Mable is now happy, healthy and at home. Members involved in Mable's care team include Denise Ertle, CNS, Director of Complex Care; Dr. Jennifer Drost, Research Medical Director of Geriatric Medicine for Summa Health; Dr. Susan Fosnight, Associate Professor of Pharmacy Practice, NEOMED.

