

# MAYBE YOU CAN GO HOME AGAIN: OHIO'S STRATEGY TO PROVIDE LONG-TERM SERVICES AND SUPPORTS FOR A GROWING OLDER POPULATION

Robert Applebaum, Matt Nelson, Jane K. Straker,  
A. Katherine Harrington, & John R. Bowblis

January 2020

## BACKGROUND

Ohio has 2.6 million people over the age of 60 and 1.84 million individuals over the age of 65, which translates into the sixth largest older population in the nation. By 2030, one in five of the state's population is projected to be age 65 and older. As a result of population aging between 2015 and 2030, the population age 65 and over is expected to grow by 29%; the population age 80 and over is estimated to grow by 24%. Over the same time period, Ohio's overall population growth is estimated to be below 1%. (See Table 1.) Ohio's population of older adults (age 60 and over) with severe disability from physical and cognitive impairments, the group of older adults most in need of long-term services, was 163,000 in 2017 and is projected to reach 194,500 (19% increase) by 2030.

**Table 1. Ohio's Aging Population (2015-2030)**

Age Group	Population 2015	Population 2030	Percent Change 2015-2030
All ages	11.61 million	11.65 million	0.3
60 and over	2.6 million	3.1 million	17.6
65 and over	1.84 million	2.4 million	29.1
80 and over	481,800	596,900	23.9
85 and over	252,300	291,000	15.3
60 and over with severe disability	163,000	194,500	19.3

Over the last two decades, Ohio has made considerable changes to its long-term services and supports system (LTSS) to address the opportunities and challenges associated with the state's changing demographics. It has substantially expanded its home- and community-based services (HCBS) and reduced the number of older people in nursing homes. In 2017, more than half (55%) of the older population receiving long-term services and supports from Medicaid received care at home or in an assisted living residence. Ohio now ranks 27<sup>th</sup> nationally in percentage of Medicaid funds allocated to HCBS for older adults with disabilities.

## STUDY HIGHLIGHTS

- In 1993, more than 90% of elders on Medicaid received long-term services in nursing facilities; today more than half (55%) of these individuals receive services in the community.

- Ohio served 8,300 fewer older people in nursing homes in 2017 than it did in 1997, this despite more than 100,000 more state residents age 85 and older.
- Ohio’s home-and community-based services options, which include PASSPORT, the Assisted Living Waiver Program, and the MyCare Demonstration, now serve more than 48,500 older individuals each day, making it the second largest aged/disabled waiver in the nation.
- The proportion of individuals supported by Medicaid in nursing homes who are under age 65 has nearly tripled in the last two decades to approximately one in four individuals served.
- Occupancy rates in Ohio nursing homes dropped from 92% in 1992 to 81% in 2017.
- The number of short-term Medicare admissions increased substantially, rising from 30,000 in 1992 to more than 147,000 in 2017.
- The number of residential care facilities, including those classified as assisted living, has increased from 265 in 1995 to 708 in 2017.

**Table 2. Ohio Nursing Facility Admissions, Discharges, and Occupancy Rates (1992, 2001, 2009, & 2017)**

	1992	2001	2009	2017
<b>Nursing Facility Beds</b>				
Total Beds	91,531	94,231	93,209	90,464
<b>Number of Admissions</b>				
Total	70,879	149,905	197,233	206,636
Medicare resident	30,359	90,693	109,315	147,194
<b>Occupancy Rate (percent)</b>				
Total	91.9	83.2	84.7	81.0
Medicaid resident	67.4	58.5	55.4	53.6

## STUDY RECOMMENDATIONS

The progress Ohio has made in its efforts to provide LTSS to a growing population of older people with severe disability continues. The state has improved its balance of LTSS by expanding HCBS and reducing the number of older people using nursing home care. Despite this progress, challenges remain. By 2030, Ohio’s population over age 65 and age 80 will increase by 29% and 24% respectively. Thirty-five percent of the state’s Medicaid budget is allocated to long-term services; adding costs to a program that already accounts for more than one-fifth of Ohio’s general revenue budget. In response to these challenges we offer the following recommendations:

**Explore community initiatives to reduce reliance on Medicaid:** Today more than half of all older people in Ohio with severe disability use long-term services funded through the Medicaid program. How will the state reduce the proportion of older people that will need Medicaid assistance? Expanding community efforts to prevent or delay disability will be critical.

**Locally funded programs:** One unique aspect of Ohio’s care system that could provide an innovative solution is the use of locally funded senior services programs. Today, 74 of Ohio’s 88 counties have local property tax levies that deliver an array of in-home and supportive services. If

local programs can help older Ohioans remain independent in the community, Medicaid funds can be targeted to those most in need.

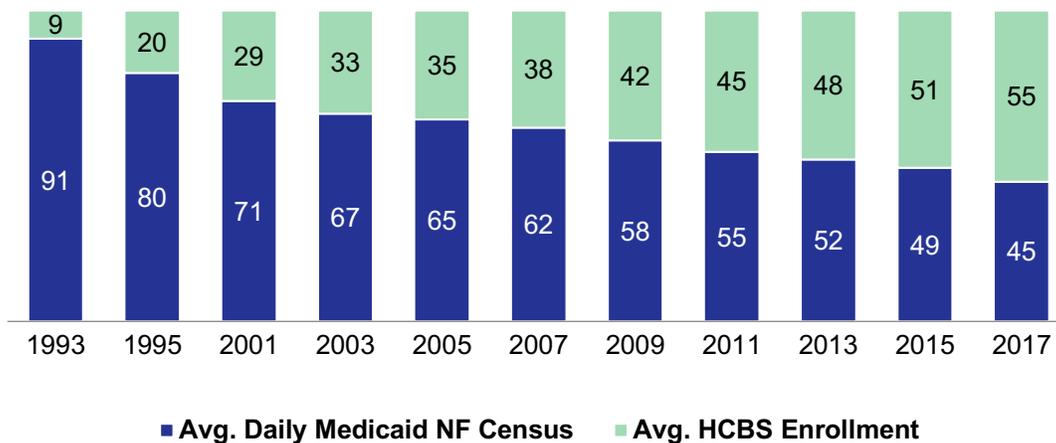
**Age-Friendly Initiatives:** The movement to develop age-friendly communities across the state also shows promise as a strategy to reduce or delay disability. Since 2015, 10 Ohio communities have joined the AARP Network of Age-Friendly States and Communities.<sup>1</sup> Communities striving to become age-friendly are focused on increasing access to health services and other aspects of community life such as housing, transportation, and social participation, which can play a part in assisting individuals with disability. Additionally, communities with more supportive services have been shown to have fewer low-care residents in nursing homes.

**Embrace Technology:** The technology changes now being experienced across our society are dramatic. Ohio will need to embrace technology and environmental adaption to help older people with disability remain independent in the community. We are in the true age of robotics, with substantial potential impacts in the key areas of transportation and personal care. Ohio already has established sectors of high technology; applying this innovation to issues affecting older adults is a potentially vital area of economic and social development that would not only fuel the state economy, but could also assist the state in providing support to a growing population. Ohio could become a leading state in support technology for older adults.

**Prioritize the direct care workforce:** Long-term services, regardless of setting, will remain a labor-intensive and personal set of services. Ohio should continue efforts to better train and support the direct care workforce. Our survey of nursing homes found an average retention rate of 60% of state tested nursing assistants; in some facilities those rates are below 20%, meaning that a large number of direct care workers stay less than one year on the job. Ohio's in-home care providers also report significant workforce challenges. The LTSS worker shortage is one of the most critical challenges now facing long-term service providers. Technical assistance, as well as administrative and policy change, can have a considerable impact on this area.

**Revise the pre-admission review process:** The dramatic increase in short-term nursing home stays has major implications for program policies and procedures. For example, in 1993 Ohio implemented an extensive pre-admission screen and resident review requirement for individuals being admitted to Ohio's skilled nursing facilities. At that time there was a concern that individuals were entering nursing homes inappropriately, without understanding possible HCBS options. In 1993, when pre-admission screening was initially implemented, about 60% of those admitted continued to reside in the facility after three months, compared to 16% twenty years later. Ohio is spending a considerable amount of resources on pre-admission review for individuals who will stay a short period of time. While there are individuals being admitted to skilled nursing facilities who could benefit from either the pre-admission screening or the resident review used to identify mental health needs, a modified or delayed review should be considered.

**Figure 1. Percent Distribution of Ohio's Long-Term Services and Supports Use by Medicaid Recipients Age 60 and Older, 1997-2017**



## CONCLUSION

The results of the last two decades demonstrate that state policy decisions can have a large impact on the LTSS delivery system. Over this time period Ohio's ranking went from ranking 47th (with 50 being the least balanced state in the nation) to 27th. The large expansion of HCBS however, did not result in an increased Medicaid utilization rate by older people in the state. Despite this progress, because of the demographic changes occurring in Ohio, the path forward will be even more difficult than the road already travelled. Planning for the growth in our older population is not a luxury, but a necessity for Ohio to ensure a solid future economic and social foundation.

## FOOTNOTE

<sup>1</sup> AARP Network of Age-Friendly States and Communities Member List. Retrieved from <https://www.aarp.org/livable-communities/network-age-friendly-communities/info-2014/member-list.html>



To download the full report, scan the QR code with your mobile device or go to: [bit.ly/2020-Maybe-You-Can-Go-Home-Full-Report](https://bit.ly/2020-Maybe-You-Can-Go-Home-Full-Report)



100 Bishop Circle, Upham Hall 396, Oxford, OH 45056  
 MiamiOH.edu/ScrippsAging.org | 513.529.2914 | Scripps@MiamiOH.edu