

Two Decades of Progress in Delivering Long-Term Services & Supports in Ohio

SHAHLA MEHDIZADEH, ROBERT APPLEBAUM,
IAN M. NELSON, JANE STRAKER, MALINDA DEACON

Research Brief | July 2013

Background

With 2.4 million individuals age 60 and over, Ohio ranks 7th in the nation in the sheer size of its older population. Today just over 200,000 older Ohioans experience a severe physical and/or cognitive disability requiring long-term assistance. Estimates indicate that the older population with severe disability (defined as individuals who meet the state's nursing home level-of-care criteria) will grow to 249,000 by 2020 (25% increase); and by 2040 the number will nearly double in size (400,000). Although the growth in our aging population is a marker of societal advancement, it is accompanied by serious challenges, especially in the area of long-term services and supports.

For many years Ohio's system of long-term services and supports was criticized for having an institutional bias. Ohio's expenditure ratio of institutional to home and community-based services for older people during this era was heavily slanted toward the nursing facility side. With one of the largest aging populations in the United States and growing and unsustainable Medicaid expenditures, state policy makers charted a course to change Ohio's system. This longitudinal study, initiated by the General Assembly in 1993 and continuously funded by the

FROM 1997 TO 2012, OHIO'S
NURSING HOME POPULA-
TION DECREASED BY

11%

despite a 50% increase in the
85 and older population.

OHIO'S MEDICAID LONG-TERM
SERVICES & SUPPORT BUDGET
GREW BY JUST



from 1997 to 2012 despite a
26% increase in the state's
older population.

*In 1993, 90/100 older adults in
need of long-term services paid
by Medicaid received institutional
care. In 2011 that ratio was*

55/45

institution vs. in-home care.

Ohio Department of Aging, tracks how long-term utilization has changed over the past two decades.

Progress Made

Recent data indicate that the ratio of institutional care to home and community-based services for older people with severe disability using Medicaid has changed from nine of ten older Ohioans with severe disability being served in a nursing home, to a ratio of 55/45 now. Ohio's balancing ranking was 47th in 2004 and is now 24th.

Figure 1. Percent Distribution of Ohio's Long-Term Care Services and Supports Utilization by People Age 60 and Older, 2011

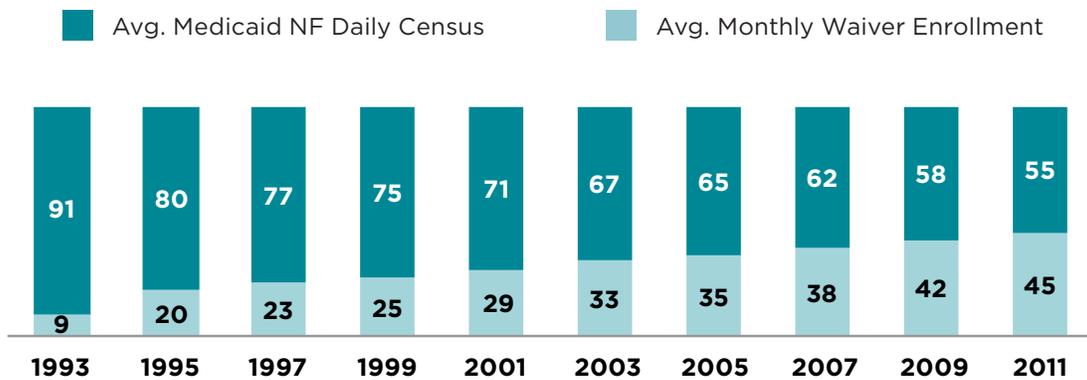
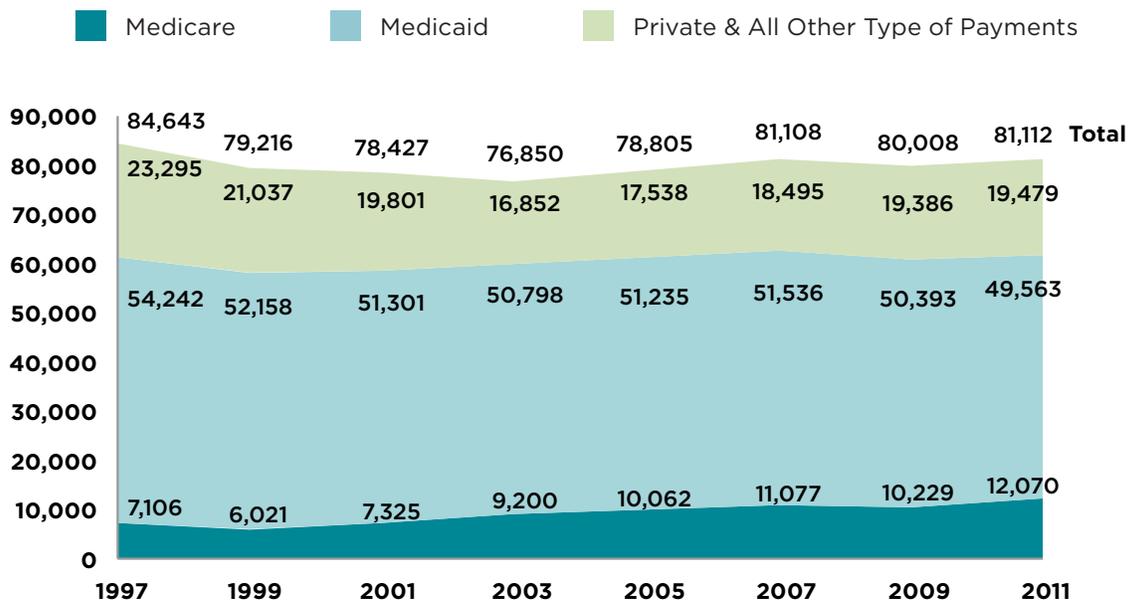


Figure 2. Average Daily Nursing Facilities Census, 1997-2011



Over the last 15 years, while the age 85 and older population grew by 50%, Ohio decreased nursing home use for older people by 11%. During this same 15-year time period, the state increased the number of older people receiving home and community-based services by 150%, while holding the Medicaid long-term services budget relatively constant (7% increase over 15 years, in 2011 dollars).

Report Recommendations

Ohio has made measurable progress in providing older people with a disability the opportunity to choose where they want to reside. Despite these noteworthy changes, demographic projections tell us that further change is essential. Between now and 2040, when the youngest baby boomers will be over the age of 75, the population needing long-term services and supports in Ohio is going to nearly double. Growing the long-term services component of the Medicaid budget proportionally to the increase in the older disabled population could have a staggering effect on the state budget. The increase in the older disabled population in combination with Medicaid's past inflationary increases could easily double the proportion allocated to Medicaid in the state budget (currently 24%). Given the pressures of education, economic development, infrastructure support, and countless other demands on state government, such a scenario is just not feasible.

This study includes five recommendations for state policy makers:

- » Ohio has made substantial progress in creating a more balanced and efficient Medicaid funded system of long-term services and supports. Despite these strides, Ohio continues to have an oversupply of nursing home beds, which is resulting in overutilization. Creative approaches to right-sizing the industry can ensure continued progress in developing a balanced system and help ensure better success of the industry.
- » Ohio's overall strategy is still missing a systematic effort to prepare for the unprecedented increase in the older population. It will be critical to think about how Ohio can both reduce the prevalence of disability and assist individuals in adapting to their environment. For example, can we provide better opportunities to prevent or delay severe disability? How can we use technology to help individuals with disability remain in their own homes independently for as long as they desire? While such efforts will require a partnership between the public and private sectors, state leadership is critical to help develop and expand these efforts.
- » Ohio has experienced a 26% increase in the under age 60 population using nursing homes paid by Medicaid. Evidence indicates that a portion of individuals under age 60 who are using nursing homes have lower levels of disability and in some instances the nursing home may not be the best care setting. Ohio needs to look carefully at utilization rates of the under 60 population and formulate a strategy to respond to the needs of these individuals.

- » Ohio has experienced a tremendous increase in nursing home admissions and discharges and the high number of individuals that spend a short time in nursing homes suggests that the system has changed. Ohio needs to develop a more efficient pre-admission review and follow-up approach that would allow more careful review and follow-up of some residents and fewer resources allocated to individuals who will clearly be discharged in less than 20 days as a result of Medicare coverage rules. An improved screening process would allow the state to focus resources on follow-up, assisting some individuals with the transition from the nursing home back to the community.
- » As Ohio moves to a more unified system of long-term services, it becomes even more important to be able to make sound comparisons across the system. We recommend that Ohio have at least a core set of measures, collected in a comparable way across settings. Although cost differentials are anticipated, it would be important for Ohio to have a better understanding of the program differences. In some instances programs appear to be serving similar target populations with cost differentials. However, without comparable data it is difficult to understand programmatic differences in costs and utilization.

This report was funded by a grant from the Ohio Department of Aging and the Ohio Legislature through support from the Ohio Long-Term Care Research Project.



To download the full report, scan the QR code with your mobile device or go to:

<http://goo.gl/qzC3m>



MIAMI UNIVERSITY

SCRIPPS GERONTOLOGY CENTER

An Ohio Center of Excellence

ScrippsAging.org | Scripps@MiamiOH.edu | 513.529.2914