

The Road to Balance: Two Decades of Progress in Delivering Long-Term Services & Supports for Ohio's Older Population

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Background

Ohio has 2.5 million people over the age of 60 and more than 1.7 million individuals over the age of 65, which translates into the 7th largest older population in the nation. Projections indicate that in less than 20 years (2032) almost 22% of the state's population will be age 65 and older; this will earn Ohio a proportional ranking of 8th highest nationally. Ohio's population of older adults age 60 and older with physical and cognitive impairments resulting in severe disability and most in need of long-term services totaled 163,000 in 2014. That group is projected to increase by 44% in just 15 years. These demographic changes are unprecedented in the history of our state and nation. While we celebrate the progress and opportunities associated with a long-lived society, such accomplishments also present new challenges for the state.

Ohio continues to make substantial progress in its efforts to provide long-term services and supports to a growing population of older people with severe disability. The changes that have occurred over the last two decades have been considerable. In 1993, nine of ten older people with severe disability receiving long-term services and supports through Medicaid did so in an institutional setting, compared to an almost 50/50 ratio today.

FROM 1997 TO 2013, OHIO'S
NURSING HOME POPULATION
DECREASED BY

11%

despite a 55% increase in the
85 and older population.

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



from 1997 to 2013 despite a
47% increase in the state's
older population.

In 1993, **91/100** older adults in
need of long-term services paid
by Medicaid received institutional
care. In 2013 that ratio was

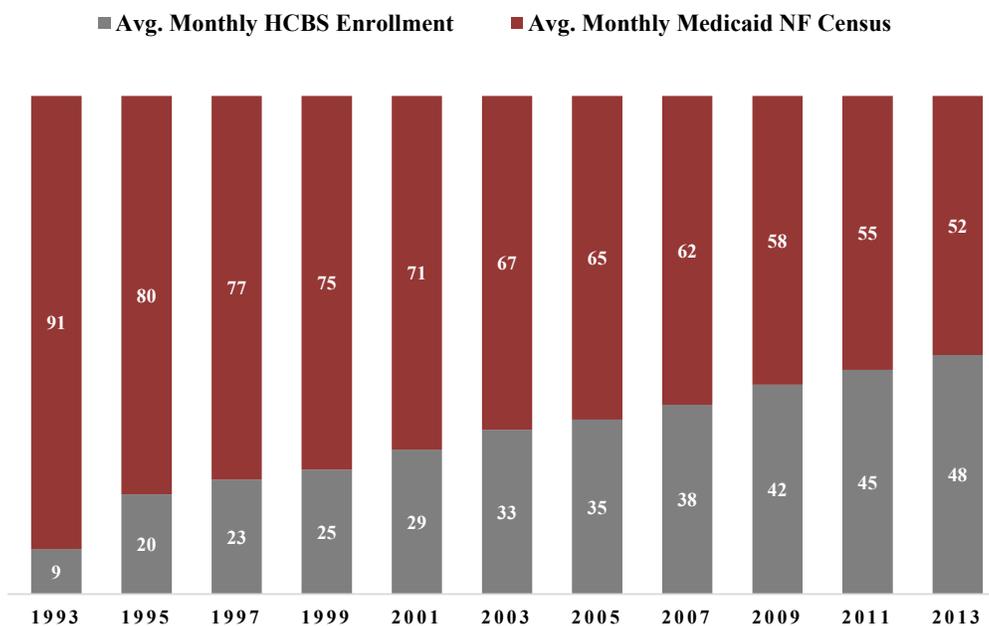
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institution vs. in-home care.

Study Highlights

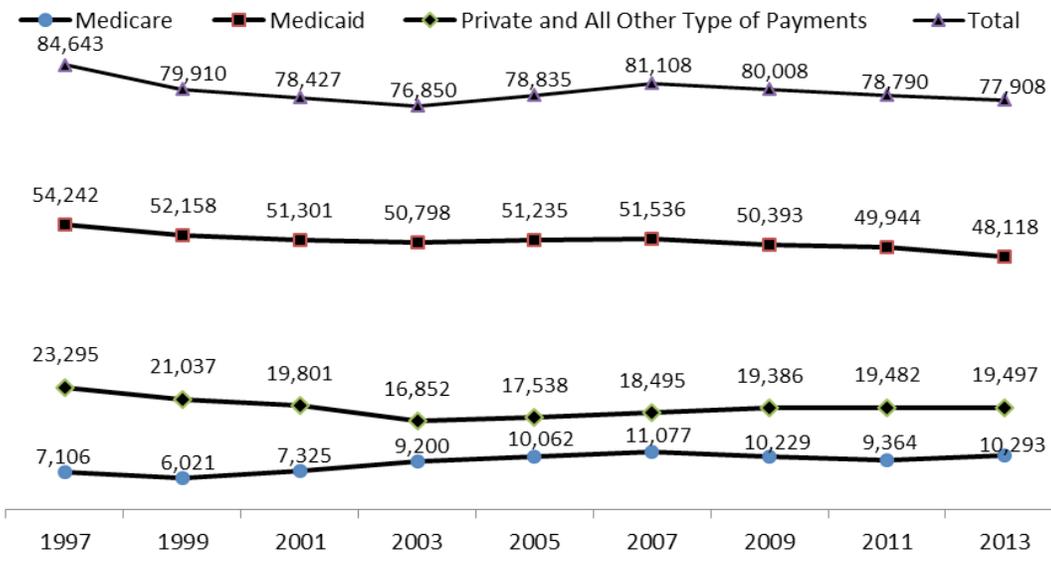
- » Between 2010 and 2030 Ohio's overall population growth is estimated to be 2% while the population age 60 and older will increase by 47% and the population age 85 and older will grow by 46%.
- » In 1993, nine in ten older people with severe disability supported by Medicaid received long-term services in a nursing home. Today the institutional/home care ratio is almost 50/50.
- » Between 1997 and 2013 Ohio increased its population age 85 and older by 80,000 individuals (55%), but the number of older people in nursing homes dropped by 5400 on an average day.

Figure 1. Distribution of Ohio's Long-Term Care Services and Supports Use by People Age 60 and Older, 1993-2013



- » The number of short-term Medicare admissions to Ohio nursing homes has increased substantially, rising from 30,000 in 1992 to 145,000 in 2013.
- » Since 1992, Ohio has reduced nursing facility occupancy rates from 92% to 84%.
- » The proportion of nursing home residents under age 60 and supported by Medicaid is 16% and almost one-quarter of Medicaid residents are under age 65. This rate has tripled in the last two decades.
- » Ohio has seen a large increase in residential care facilities, growing from 265 residences in 1995, to 606 in 2013. We classify 501 facilities as assisted living.

Figure 2. Nursing Home Use in Ohio, 1997-2013



- » Overall Medicaid long-term services and supports expenditures have increased at a modest rate; growing by 7% in 2013 dollars over the last 16 years, while the age 85 and older population has increased by 55%.
- » Medicaid spending on home- and community-based waiver programs for individuals age 60 and older increased from \$223 million in 1997 (in 2013 dollars) to \$693 million, reflecting the shift in strategy.
- » The Medicaid nursing home reimbursement rate dropped from a high of \$213 per day in 2001 (in 2013 dollars) to \$175 per day in 2013. Ohio's Medicaid reimbursement rate changed from the sixth highest in the U.S. in 2001 to 21st highest in 2010.

Study Recommendations

- » Given the projected demographic changes, Ohio must turn its attention to how to delay or avoid disability across the entire older population. This is particularly important for moderate and middle income elders who do not turn to Medicaid until they require nursing home care. Today more than half of older people with severe disability use long-term services funded through the Medicaid program.
- » A related recommendation involves an effort to use technology to assist older people with a disability to remain independent in the community. The demographic changes are unprecedented in the history of our state and nation, and to respond to this challenge Ohio will need to harness technological innovation.
- » An area of innovation also linked to technological development is environmental adaptability to assist older people to remain independent in the community. Some of these types of changes could be extensive in scope, while others are relatively simple. For instance, the concept of visitability, a residence deliberately built to include universal design, has received considerable attention.

- » Despite the importance of technology, long-term services will always rely on a caring and well-trained workforce. A strategy to recruit, train and retain the direct care workforce needs to be a priority of the state and the long-term services industry.
- » The number of individuals below age 60 now using nursing homes in Ohio continues to be an important policy issue. For some of these individuals a short-term rehabilitation stay in a nursing facility represents an appropriate use of the nursing home setting. Given that one-quarter of the under 60 group reports limited levels of disability, and more than one in five stay two years or more, it will be critical to better understand nursing home use for this group.
- » In the last two years Ohio has reduced the number of nursing home beds and improved the distribution of beds across counties. With an occupancy rate of 84% and a higher number of beds per population age 65 and older than the majority of states, Ohio still has room to lower its bed supply. Exploring models where beds could be banked for a 10-15 year time period, an approach used in other states, should be examined.
- » The long-term services changes now underway in Ohio are dramatic. Initiatives such as MyCare will alter the delivery system in fundamental ways. Making sure that a comprehensive quality monitoring and improvement system that includes a common assessment and outcome measure is used across the system to compare program effectiveness will be critical as the state continues with its reform efforts.

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