



**50 YEARS**  
serving the community



2021  
IMPACT  
REPORT

## 2021 Impact Report

# Council on Aging Program Histories

Council on Aging's (COA) roots date to 1965 when Congress passed the Older Americans Act (OAA) in response to concern about a lack of social services for older adults. Today the OAA authorizes a wide array of service programs through a national network, including more than 600 Area Agencies on Aging (AAAs).

COA began operating in 1970 as a Community Chest project with three staff members and a budget of \$40,000. Boone, Campbell and Kenton counties in Kentucky and Clermont and Hamilton counties in Ohio were the first areas served by COA. In 1971, older adults living in the City of Cincinnati became a major focus of COA, and on Dec. 27, 1971, Council on Aging of the Cincinnati Area incorporated as a tax-exempt nonprofit organization.

In 1973 the Older Americans Act formally established Area Agencies on Aging as "on the ground" organizations charged with helping vulnerable older adults live with independence and dignity in their communities. The next year, COA was designated by the state of Ohio as an Area Agency on Aging serving Butler, Clermont, Clinton, Hamilton and Warren counties in Ohio. COA no longer served northern Kentucky.

## 1974 | Aging and Disability Resource Center

Since 1974, Council on Aging has served as a source of unbiased information and referral (I/R) for people seeking information about programs, services and resources for older adults and people with disabilities.

In COA's early years, each county in our service area had a dedicated office and phone line for I/R services. Similar to today, early I/R staff connected older adults to services, programs and benefits to meet their needs, often dealing with complex cases that required further assessment through a program called Reachout to the Elderly.



Over the years, I/R produced and distributed newsletters, calendars and resource directories. The digital age brought many changes to COA's I/R department, and to area older adults. In 2009, staff helped older adults make the transition to digital TV, distributing and coordinating installation of hundreds of converter boxes in our region. Around the same time, COA stopped printing and distributing its resource directory, instead converting it to a searchable database and moving it to the COA website, [help4seniors.org](http://help4seniors.org).

In 2010, as part of strategic restructuring at COA, the separate functions of information and referral were combined into one new department – the Aging and Disability Resource Center (ADRC). Combining these departments created a seamless front door for anyone seeking unbiased advice, information or referral to programs and services.

In 2011, COA was designated as an Aging and Disability Resource Network (ADRN). This designation came after a shift at the federal level to combine aging and disability services under the umbrella of the Administration on Community Living. Through an ADRN, community members can access the breadth of services available to older adults and people with disabilities in their community. As an ADRN, COA holds agreements with partner organizations to make referrals and complete warm hand-offs. In this way, COA can ensure there is no wrong door when someone needs to access services through the ADRN network.



In 2014, ADRC staff helped prepare our community and the provider network for MyCare Ohio by offering a series of educational forums and serving as benefits counselors for individuals trying to choose a MyCare Ohio managed care plan.

To better meet the needs of individuals in one of the most rural parts of our service area, COA in 2019 opened an Aging and Disability Resource Center in Clinton County. The office is staffed and has a local phone number, welcoming anyone from the community who is seeking information about programs, services and resources available to older adults, people with disabilities and caregivers in Clinton County.

Today, ADRC staff are certified by the Alliance of Information and Referral Systems (AIRS) and respond to nearly 50,000 phone calls, website inquiries and walk-ins each year. They manage a web-based directory of more than 1,600 resources.

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## 1981/1984 | PASSPORT

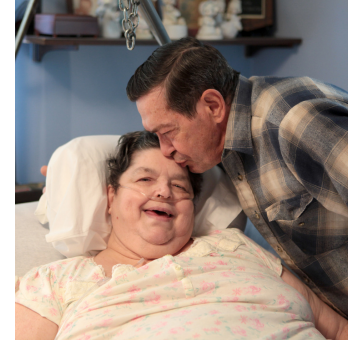
PASSPORT's roots date back to 1981 when Congress passed a law allowing states to apply for special Home- and Community-Based Services (HCBS) waivers to provide in-home care services to Medicaid-eligible individuals who would otherwise qualify for placement in a nursing facility.

When PASSPORT – Preadmission Screening System Providing Options and Resources Today – began as a demonstration program in Central Ohio and the rural Miami Valley in 1984, it was Ohio's first alternative to Medicaid nursing-home care. COA began administering PASSPORT in February 1987, serving just four clients that month. But the program grew rapidly, and during the 1990-91 fiscal year, COA expanded PASSPORT to all five counties in our service area and had 1,120 enrolled clients.



PASSPORT operations are divided between the Ohio Department of Aging (ODA) and the regional Area Agencies on Aging (AAA), with ODA managing most of the program's administrative functions and AAAs – like COA – carrying out the assessment, care planning and care coordination functions.

Fast-forward nearly 40 years and PASSPORT continues to exist thanks to the advocacy efforts of Ohio's AAAs. In the early years, it was a battle against the powerful nursing home lobby to keep the program open to new clients. AAAs, including COA, advocated for the program as a compassionate and cost-effective alternative to costly nursing home care. The campaign, called Fair Care Ohio, paid off as Ohio's Medicaid budget shifted to a more equal balance of institutional and in-home care.



In 2014, many PASSPORT clients in our service area were enrolled in MyCare Ohio, a managed care program developed and administered by the Ohio Department of Medicaid (ODM) for Ohioans who receive both Medicare and Medicaid. As a result, the number of older adults served by PASSPORT has dropped significantly. The implementation of MyCare Ohio caused many problems for clients and service providers alike and AAAs were forced once again to advocate for the needs of older adults, bringing concerns to ODM and state legislators.

COA's most recent PASSPORT advocacy victory came a few years later, in 2017, when advocates worked to stop a proposed statewide change that would have effectively ended the PASSPORT and Assisted Living Waiver programs and limited the role of the state's historic AAA network – effectively silencing the voice that speaks for vulnerable older adults and people with disabilities in our state. Read more about this effort in the MyCare Ohio section.

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## 1987 | Assessment

In 1987, Council on Aging began completing in-home assessments to determine eligibility for the state's PASSPORT program. Since that time, the role of COA's assessment team has evolved into two separate teams serving seven programs or services.

Initial Assessors assess for eligibility in the PASSPORT and Assisted Living waiver programs; conduct long-term care consultations to help people understand their options for care; and assess people living in the community for nursing home placement.

A separate assessment team conducts initial and annual reassessments for MyCare Ohio members.

During FY 2021, despite the ongoing pandemic, COA's assessment team completed over 5,300 assessments.

## 1992 | Elderly Services Program

In the early 1990s, state and federal funding did little to meet the needs of a growing older adult population. Financial eligibility requirements for PASSPORT excluded many older adults who needed care but could not afford to pay for private care. A small program – Title XX of the Social Security Act – provided limited funding to states via county Human Services departments for social services (including home and community-based care) and elder justice initiatives, but the funding was often cut and/or redirected.



Communities began to look for alternative funding sources. Tax levies that raised funds dedicated to senior services began to crop up across Ohio in the 1980s after local advocate, Lois Brown Dale (founder of Clermont Senior Services) petitioned Governor Jim Rhodes in 1979 to change state law to allow for such levies. Previously, broader human services levies, dating back to 1932 in Cuyahoga County, allowed for some senior services funding.

But the landscape quickly began to change when Ohio's first county senior services levy was approved by Clermont County voters in 1982, thanks again to Ms. Dale, "Ohio's Lady of the Levy."

Ten years later, in 1992, Council on Aging, area service providers and a network of senior citizen groups organized a campaign to place a senior services levy on the ballot in Hamilton County – Issue 6. While the community debated the need for the levy, Hamilton County lost nearly \$500,000 in Title XX funding earmarked for homemaker and elderly services and 250 seniors were on a waiting list for PASSPORT services. The first levy was intended to augment limited PASSPORT funding and expand in-home care services to the non-Medicaid population.

Hamilton County Commissioners unanimously approved the levy proposal and Hamilton County's Elderly Services Program (ESP) was born after 57 percent of voters approved the levy that November.



The first levy and the start of ESP brought rapid growth to COA. By February 1994, nearly 4,500 older adults had enrolled in the program and Council on Aging was working with partners in other counties to pass similar levies. Butler County passed its first senior services levy in 1996, followed by Clinton County in 1998 and Warren County in 2002. Not a single senior services levy has failed to pass or be renewed in southwestern Ohio since 1982.

Council on Aging administers the levy programs in Butler, Clinton, Hamilton and Warren counties and provides the intake and care management functions in Clinton and Hamilton counties. As administrator, COA's goal is to ensure the highest quality services at the lowest cost in order to serve as many people as possible with the tax dollars available. In this spirit, COA works with advisory councils in each county to make recommendations and propose service changes that will improve quality of life for older adults in our region.



One of the biggest challenges facing ESP today is the national shortage of home health aides. To help alleviate the strain caused by this shortage, COA worked with the county advisory councils to give clients the option to hire their own caregivers, instead of relying on traditional home health agencies. Called Consumer Directed Care, COA is currently working to enhance this service by creating and implementing technology that will make it easier to connect people who need care with those who want to provide it.



The Elderly Services Program is unique in Ohio and across the country. In 2014, the PBS documentary, "Caring for Mom and Dad," featured the program as an innovative, community-based approach to helping older adults age in place.

Because of ESP – and thanks to the support of advocates and voters – older adults have a range of options available to them if they want to remain independent in their homes and communities.

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## **1993** | **Pre-Admission Review**

Since 1993, Area Agencies on Aging have been conducting Pre-Admission Reviews and Level of Care Determinations for the state of Ohio.

Pre-Admission Reviews are a state and federal requirement for anyone thinking about entering a Medicaid-certified nursing facility. It's a detailed process to determine two things: 1) whether Medicaid will pay for an individual's nursing home care, and 2) whether the individual has behavioral, developmental, or mental health needs that may require a specialized facility. Referrals come from hospitals and nursing homes, with a narrow time window to make a recommendation to the state.



When COA first began doing this work nearly 30 years ago, a team of three worked out of a coat closet at COA's Linn Street offices. The backload of cases was so great, staff often took work home with them to get caught up. Technology has been the driving force of change throughout the years. In the early 90s, before the internet, reviews were completed via paper and correspondence with facilities and hospitals was done by telephone or mail. Staff would go to the public library to copy Ohio Administrative Codes and rules to mail to hospitals and nursing facilities.

Fast forward to today and all communication is now done electronically, through emails, faxes and state-wide systems such as the Healthcare Electronic Notification System (HENS) and PASSPORT Information Management System (PIMS).

Not only has the way these reviews are completed changed, but so has the population we serve. At its start, COA's Pre-Admission Review team primarily worked with older adults seeking a permanent move to a nursing home. Today, we work with younger people who need short-term rehabilitation prior to returning to their homes and communities.

COA's "Pre-Ad" team prides itself on timeliness and customer service. They are a trusted resource for hospital and nursing facility staff who are trying to navigate a complicated system – especially in recent years as processes have changed and staff turnover has increased. To help, the team developed a resource page on COA's website, which providers can use as a reference.

In the past year, COA's Pre-Admission Review Team conducted more than 18,000 reviews.

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## 2006 | Assisted Living Waiver

Until 2006, low-income older adults and people with disabilities in Ohio had just two options for long-term care: in-home care via PASSPORT, or nursing home care. But many older adults and adults with disabilities needed care somewhere in between.

Advocates pushed for an alternative and in July 2006, Assisted Living was added to the menu of options through Ohio's Home- and Community-Based Services (HCBS) waiver program. Through the Assisted Living Waiver (ALW), individuals age 21 and older who are eligible for Medicaid can receive care in a state-certified assisted living facility. The program pays for the care provided in the facility and the client pays for room and board. A COA care coordinator manages the care of each ALW client in our region. COA's MyCare Ohio team provides waiver service coordination for members who receive care in assisted living facilities.



COA staff were instrumental in getting the program started in southwestern Ohio and also in helping the Ohio Department of Aging develop policies and procedures related to the program and provider management. A team was assembled at COA, including an assessor, care managers and provider service staff. Unlike the roll-out of other programs in our area, COA was not only responsible for enrolling clients, but also for bringing providers into the program. COA staff conducted provider pre-certifications for the state and also created a training program to help facilities navigate their first experience working with the Medicaid system and population.

The program grew quickly at first – COA was a leader among AAAs for enrollments – but slowed as assisted living grew in popularity and facilities were able to fill rooms with higher-paying, private-pay customers. Today, many facilities reserve a handful of waiver spaces for longer-term residents who have depleted their savings after paying privately over a number of months or years.

Since 2010, Council on Aging has been focused on finding ways to help hospitalized older adults go home and stay home, avoiding unnecessary and costly hospital readmissions and nursing home placements that often occur when older adults aren't ready or able to care for themselves at home.

This effort began with a small pilot at the University of Cincinnati Medical Center. One year later, COA received a highly-competitive, multi-million dollar contract with the Centers for Medicare and Medicaid Services for the federal Community-based Care Transitions Program (CCTP).



Care Transitions brought many changes to COA, including strengthening partnerships with area hospitals, building COA's credibility among the healthcare community and paving the way for the launch of home52, COA's subsidiary and innovation hub.

When the CCTP Medicare project ended in 2017, COA was a national leader, enrolling more than 24,000 clients and reducing readmission rates by 7 percent at nine participating hospitals.

COA did once again become involved with Care Transitions in 2020, though not at a national level. Cleveland-based Medical Mutual of Ohio had previously begun a Care Transitions pilot program with an Area Agency on Aging (AAA) in its region in an attempt to reduce hospital readmissions among its Medicare Advantage clients. The program has since expanded across the state and to other Medical Mutual client groups. During the expansion, the Cleveland-area AAA tapped COA to manage the program in southwestern Ohio, and this partnership continues today.

However, the end of the more broad-based CCTP in 2017 left a critical gap in our regional health care system for helping older adults manage transitions from one care setting to another. FastTrack Home is a COA-born innovation that leverages our CCTP experience to offer hospitalized older adults quick access to in-home care services in support of a successful transition back home. FastTrack Home brings the benefits of the levy-funded Elderly Services Program to more taxpayers.

FastTrack Home began as a pilot in 2016 at Clinton Memorial Hospital and is now available via the Elderly Services Program in Clinton, Hamilton and Warren counties. COA later expanded the program by designating staff to focus exclusively on enrolling patients discharging from skilled nursing facilities. FastTrack Home is a recipient of the Health Collaborative's Inspire Healthcare Award for Leadership in Quality Improvement.

During the pandemic, COA leveraged FastTrack Home to quickly develop and deploy Discharge to Home, a program to help area hospitals and skilled nursing facilities safely discharge older adults home with supportive care – regardless of their COVID status. The program kept older adults out of high-transmission settings, while freeing up valuable healthcare resources.

MyCare Ohio is a managed care program for Ohioans who receive both Medicare and Medicaid benefits (dual-eligibles). It is administered by the Ohio Department of Medicaid and COA works as part of a team of professionals to deliver services to MyCare Ohio members in our region.

Initially begun as a three-year pilot project in seven regions covering 29 counties in Ohio, MyCare Ohio is a joint federal and state effort to improve health outcomes while saving taxpayers' money. Ohio's dual-eligibles were the target of the new system because they often require more care than other beneficiaries, at a higher cost. Data provided by the Ohio Office of Health Transformation at the time of the program's launch showed Ohio's 182,000 dual-eligibles accounted for 14 percent of the state's Medicaid enrollment, but nearly 40 percent of total Medicaid spending.



MyCare Ohio aimed to change the way care is delivered and paid for by better coordinating the long-term care, behavioral health and physical health services provided to the program's participants. Examples include eliminating unnecessary medical tests, reducing medication errors that can lead to hospitalizations, and connecting people with community-based services that help them stay in lower cost care settings, such as their own homes. Through MyCare Ohio, members have all their health and long-term care services coordinated through a state-approved health plan.

MyCare Ohio brought big changes to Ohio's long-term care system and to the Area Agencies on Aging (AAAs) that traditionally managed the bulk of home and community-based waiver clients and funding. Leading up to the program's start date, COA hosted education events and forums for consumers, health care and service providers to help them prepare for and understand what would prove to be a drastically different care delivery system.



When MyCare Ohio launched in June 2014, most older adults enrolled in PASSPORT and the Assisted Living Waiver began receiving those services through a managed care plan. Two health plans serve COA's region: Aetna Better Health of Ohio and Molina Healthcare of Ohio. Council on Aging provides care coordination for MyCare Ohio members via contracts with these two plans.

Since MyCare Ohio's beginning, AAAs have fought to stay at the table and to be recognized for the expertise they have to offer in serving vulnerable, older Ohioans. In the program's early days, COA spoke up for clients who experienced service disruptions and providers that went unpaid for months.



COA's most recent advocacy victory came in 2017 when a network of advocates stopped a proposed change that would have moved older adults and people with disabilities who access long-term care services via Medicaid into a similar managed care system. This change would have ended the AAAs' role in administering Medicaid waiver programs. Advocates were also successful in advocating for the creation of a multi-stakeholder review committee to study the effectiveness of MyCare Ohio – something that had not been done since the program's inception.



For all involved – Council on Aging, providers and consumers – MyCare Ohio overturned familiar ways of doing business and receiving services. The complexities continue to be challenging and have led to news stories, the creation of a dedicated MyCare Ohio ombudsman, and contentious advocacy battles. But MyCare Ohio provided COA (and other AAAs) the opportunity to demonstrate value and expertise and to form important partnerships with managed care companies. As a whole, this partnership has been successful.

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## **2016** | **Specialized Recovery Services Program**

In 2016, Council on Aging was tapped by the Ohio Department of Medicaid to provide Specialized Recovery Services (SRSP) to adults with severe and persistent mental illness. The program, sometimes called 1915i, is a Medicaid home and community-based service created to help fill gaps in mental health care provided through Medicare and private insurance for adults who do not meet Medicaid's income eligibility requirements. It came about after Ohio eliminated Medicaid spenddown, leaving some vulnerable Ohioans who were previously covered by Medicaid without any form of health care coverage.

SRSP was initially designed to serve people age 21 and older with diagnosed mental health disorders. COA recovery managers provided three services: recovery management, individual placement and support, and peer support. COA recruited and hired staff with backgrounds in mental health services to support the program. One year after SRSP was created, the program expanded to include adults with certain diagnosed chronic health conditions and those who were active on transplant waiting lists. As a result, COA's client roster for SRSP grew 4,000 percent in one year.

After a series of tornadoes touched down in the Dayton area on Memorial Day, 2019, SRSP staff worked tirelessly to ensure the health and safety of affected clients. SRSP staff had to account for more than 320 clients in the region – work that involved many, many phone calls and staff on the ground in the affected areas trying to locate clients.

Today, COA's involvement in the program is limited to individuals enrolled in the program through Aetna.

COA launched home52, a wholly owned subsidiary of Council on Aging, in 2017 after federal funding for COA's successful Care Transitions program ended.

Traditional funding sources have been a barrier to COA in developing innovative programs to serve more older adults in our region. home52 allows COA to market our community intervention and care management expertise, as well as other new product and service lines, to prospective payers across a wide range of organizations including hospitals, managed care organizations, primary care providers, behavioral health organizations and others.



home52 also provides the freedom and flexibility to seek out alternative funding sources and to develop and test innovative solutions that could positively impact service delivery and quality of life for older adults in our region and across the country.

In most cases, products and services launched under home52 are still COA products delivered by COA staff.

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### home52's Positive Choices

home52's Positive Choices is the first program launched (2017) under home52, COA's subsidiary. It also marked the start of a new relationship with Humana.

Positive Choices is a benefit offered to Humana's Medicare Advantage members to help them manage chronic health conditions, achieve health goals and reduce the use of and need for high-cost health care settings and services.

The initial contract with Humana targeted the health plan's substance use disorder (SUD) population and required that 85 percent of the initial client roster be enrolled into the program within 90 days. The challenge, then, was how to convince Humana members to participate in the program. The team used letters, phone calls, text messages, even surprise home visits, to share the benefits of the program and steadily increase enrollments. As the program got off the ground, the Positive Choices team noticed that many clients were frequently in the ER – not due to SUD, but other chronic health conditions they were unable to manage. Armed with solid performance numbers and compelling client success stories, the team convinced Humana that Positive Choices could have a positive impact on other groups within the health plan's member base.

Today, the program serves Humana members in southwestern Ohio, northern Kentucky and Columbus.