



July 16, 2021

Director Maureen Corcoran
Ohio Department of Medicaid
50 W. Town Street, Suite 400
Columbus, OH 43215

Dear Director Corcoran:

On behalf of LeadingAge Ohio's nearly 400 members who dedicate themselves to serving aging Ohioans, we encourage you to make full use of the one-time funds available to the state by way of the enhanced FMAP, as well as those funds dedicated to recovery efforts through the American Recovery Plan Act (ARPA) to restore Ohio's aging network. The COVID-19 pandemic exposed both vulnerabilities and strengths within our aging network. While the immediate threat of COVID-19 wanes, Ohio aging services providers continue to flounder in their recovery. While referrals have begun to pick up, workforce shortages compromise their ability to staff back up to pre-pandemic capacity, and many are having to deny admission/ new clients because they cannot staff sufficiently, despite having increased wages by 10-15% over the past year.

Their financial outlook is bleak, as they work to build up capacity while many have significant outstanding costs from the past year. Notably, many self-insured providers continue to feel a double-impact, unable to shift the costs of testing and treatment to insurers.

To support your efforts, we offer the following suggestions which our members have identified as priority areas for investment at this tenuous moment in Ohio's recovery.

- **Direct grants to providers.** LeadingAge Ohio has engaged with the Ohio Health Care Association in developing an initial request for direct grants to providers (attached), modeled after grants that were provided during the summer of 2020 by the Department of Medicaid. Those funds came at a critical juncture, were delivered swiftly and with flexibility as to how they could be used. LeadingAge Ohio is supportive of repeating this process for providers.

Alternatively, LeadingAge Ohio would support an application-based grant process, since the effects of the pandemic have been so unevenly felt across providers with some experiencing far greater need than others.

- **Targeted support for self-insured nursing homes.** Self-insured nursing homes bore the cost of testing wholly during the pandemic, not receiving relief until a process for reimbursement was launched in February 2021. At that time, a number of self-insured providers became aware that the state would not compensate them for testing if they had opted out of the state testing program. The Administration and providers differ in their understanding of whether this exclusion was clearly communicated in advance of their decision to opt out, but the facts remain that providers are left holding millions in laboratory invoices without recompense.



LeadingAge Ohio supports a new process for these providers to seek direct relief for these costs, whether it is reimbursing costs in full or on a per-test basis, set to the per-test price the state testing program set.

- **One-time grants to establish, expand & support adult day sites.** ARPA funds allow direct grants to be made to industries/sectors that were disproportionately impacted by the pandemic. A recent survey of Ohio adult day providers revealed that a full third of them closed permanently during the pandemic, leaving large areas of the state without an adult day provider. While some adult day providers are considering relocations and program expansion to fill the need, others continue to struggle to keep their doors open.

LeadingAge Ohio supports one-time grants to expand existing programs, establish new programs, and provide critical infrastructure support to existing programs to build back capacity.

- **Support data infrastructure for community congregate care.** COVID-19 demonstrated the vulnerability of elders residing in congregate housing sites. While housing is a primary social determinant of healthcare outcomes, it is unsupported by typical health infrastructure, like software solutions that allow rapid retrieval of clinical information. A modest, one-time investment to developing a software interface for affordable senior housing would enable efficient communication between on-the-ground service coordinators and care managers, equipping them with the tools needed to move the needle on health outcomes.
- **Nursing home bed buyback program.** LeadingAge Ohio was supportive of the budget proposal to create a nursing home bed buyback program, which would encourage a right-sizing of Ohio's nursing home capacity and positively impact the state's rebalancing efforts. A one-time investment into a bed buyback program would reduce density in nursing homes, impacting infection control and also bringing nursing home care in line with consumer desires, while also positively impacting the state budget.
- **Infection control support.** The pandemic demonstrated the need for better infection surveillance systems in Ohio nursing homes. The state and federal governments relied on new layers of reporting was both burdensome and subject to human error. LeadingAge Ohio supports the pilot of an integrated software solution that extracts key clinical indicators from medical records, allowing for early detection of outbreaks and intervention.

We appreciate the opportunity to share our recommendations on how to best equip Ohio's aging network as it recovers from this once-in-a-lifetime pandemic event. As ever, we are happy to meet with you to explore any of the proposals contained herein, as well as respond to others you may be considering.

Respectfully,

A handwritten signature in black ink that reads "Kathryn L. Brod".

Kathryn L. Brod
President/CEO, LeadingAge Ohio