

Department of Aging

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- Allows individuals residing in nursing facilities, but on PASSPORT waiting lists, to be enrolled on the PASSPORT program
- Creates an Assisted Living Medicaid waiver for individuals currently residing in nursing facilities or at risk of nursing facility placement

OVERVIEW

Duties and Responsibilities

The Ohio Department of Aging (ODA) is the primary state agency serving and advocating for the needs of Ohioans age 60 years and older. The Department administers programs emphasizing community-based care as an alternative to institutional (nursing facility) settings. The goal of these programs is to improve the quality of life of older Ohioans by providing community-based, long-term care services that allow individuals to live in their own home for as long as possible. Traditionally, over 90% of the Department's budget is subsidy distributions for community-based care.

The Department administers programs such as PASSPORT (Pre-Admission Screening System Providing Options and Resources Today), Residential State Supplement (RSS), Alzheimer's Respite Care, Long-Term Care Ombudsman, and the Golden Buckeye Card program. The majority of the Department's spending is for the PASSPORT program. In fiscal year (FY) 2004, approximately 75% of the Department's budget was expended on the PASSPORT program.

The Department also provides technical and financial assistance to the 12 Area Agencies on Aging (AAAs), which were created by the federal Older Americans Act of 1965. The AAAs administer most state and federal aging programs in Ohio. According to the Department, over 300,000 older Ohioans receive services through ODA programs and local AAAs.

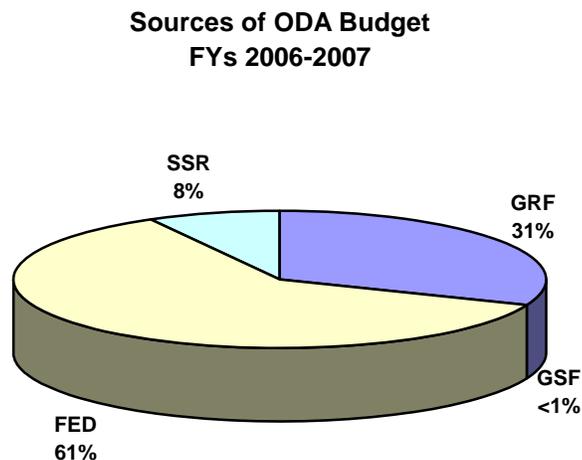
Agency in Brief

Agency In Brief					
Number of Employees*	Total Appropriations-All Funds		GRF Appropriations		Appropriation Bill(s)
	2006	2007	2006	2007	
204	\$481.25 million	\$518.69 million	\$151.68 million	\$159.59 million	Am. Sub. H.B. 66

*Employee count obtained from the Department of Administrative Services (DAS) payroll reports as of June 2005.

The enacted budget increases the Department's budget by 18.1 % from FY 2005 estimates and then by 7.8% from FY 2006 appropriations. General Revenue Fund appropriations represent approximately 31.1% of the Department's budget, with 73.9% of the GRF funding appropriated for PASSPORT. The GRF portion of the Department's budget increases by 14.6% in FY 2006 and by 5.2% in FY 2007. Growth in the PASSPORT program and the addition of the PACE program account for the majority of the GRF increase.

The chart below illustrates the various funding sources of the Department of Aging's biennial budget:



Budget Issues

Transferring Individuals from Nursing Facilities to PASSPORT

The bill allows an individual admitted to a nursing facility while on a waiting list for the PASSPORT program to be enrolled in PASSPORT if (1) it is determined that the PASSPORT program is appropriate for the individual and (2) the individual would rather participate in the PASSPORT program than continue residing in the nursing facility. The bill requires that individuals enrolled in PASSPORT because of this provision are to be in addition to the individuals enrolled in PASSPORT during FYs 2006-2007 based on the program's appropriations. The provision requires each AAA to determine each month the number of individuals who are on the PASSPORT waiting list in their area and have been admitted to a nursing facility. The AAA must then forward the names of any such individuals to the Long-Term Care Consultation Program administrator serving that area. If the administrator determines the individual is appropriate for PASSPORT and the individual desires to enroll in the PASSPORT program, the administrator must notify the Department. The Department must then enroll the individual in PASSPORT. The bill requires that the Ohio Department of Job and Family Services (ODJFS) submit a report to the General Assembly by not later than December 31, 2006, regarding the number of individuals transferred to PASSPORT, the costs incurred, and the savings achieved as a result of any transfers.

The bill requires the ODA to quarterly certify to the Office of Budget and Management (OBM) the estimated increase in costs of the PASSPORT program for these individuals. Upon receipt of the estimated costs, OBM must (1) transfer the state share of the amount from ODJFS GRF appropriation item 450-525, Health Care/Medicaid, to ODA GRF appropriation item 490-403, PASSPORT, (2) increase ODA appropriation item 490-607, PASSPORT, by the federal share of the estimated costs, and (3) increase ODJFS appropriation item 600-655, Interagency Reimbursement, by the federal share of the estimated costs.

The provision may result in a savings to Medicaid to the extent to which individuals currently residing in nursing facilities enroll in PASSPORT, which is generally less expensive than a nursing facility. However, the savings to Medicaid would depend on the number of individuals leaving nursing facilities and each individual's specific care needs, which cannot be estimated at this time. Under the bill, any GRF money saved from transferring individuals from nursing facilities to PASSPORT would still remain in GRF line item 600-525, Health Care/Medicaid. If ODJFS spends this money, then there would ultimately be no savings to the state.

Assisted Living Medicaid Waiver

The bill authorizes ODJFS to seek an Assisted Living Medicaid waiver for eligible individuals residing in residential care facilities. Upon federal approval, ODJFS is required to contract with ODA for the administration of the program. The bill limits participation to 1,800 individuals and specifically permits any residential care facility to participate in the program.

The bill provides that once ODJFS enters into a contract with the ODA to administer the program, ODJFS must submit quarterly reports to OBM outlining the estimated costs of the program for the upcoming quarter, including both the state and federal share. Upon receipt of the estimated costs, OBM must transfer the estimated costs from ODJFS GRF appropriation item 600-525, Health Care/Medicaid, to ODA GRF appropriation item 490-422, Assisted Living Waiver. When the program is fully implemented, ODJFS estimates that it will need to transfer approximately \$20.8 million all funds (\$8.3 million state share) in FY 2007 to ODA.

It is unclear at this time the extent of the savings to Medicaid that may be realized with the implementation of the Assisted Living waiver. The waiver, as proposed, will be specifically targeted to two groups of people: (1) individuals currently residing in nursing facilities and (2) individuals currently on PASSPORT, Choices, or the Home Care waiver who need increased supervision and/or additional services. In other words, the waiver is designed to enroll individuals that currently reside or waiver enrollees that will reside, without increased services, in nursing facilities. The waiver is designed to ensure one-for-one displacement from the nursing home system by avoiding the "woodwork effect." The woodwork effect refers to the notion that by increasing services individuals will be served that have no intention to enter a nursing facility. The woodwork effect assumes: (1) that most individuals prefer to receive services in their own home, (2) that these individuals, prior to receiving services, rely on unpaid support, (3) that many of these individuals would never enter a nursing facility, and (4) that the state will ultimately pay more for long-term care, in aggregate, since the newly covered individuals would never have entered a nursing facility.

Assuming a one-for-one displacement, a savings to Medicaid would be expected since these individuals would be diverted from more costly institutionalization to a Medicaid waiver. This assumption can be made since Medicaid waiver programs have built-in cost caps, which are lower than the cost of institutionalization. In FY 2003, the average annual cost for nursing facilities was approximately \$58,600.¹ Comparatively, the Department estimates the Assisted Living waiver will have an average annual cost of approximately \$21,600. Thus, a savings to Medicaid could be assumed for individuals leaving nursing homes for an Assisted Living waiver. However, a savings may not be realized if current nursing homes were at 100% capacity and/or had waiting lists. If this were the case,

¹ Based on the FY 2003 per diem of \$160.54. This estimate was provided by ODA and does not include client liability payments or Medicaid card costs.

the state may incur additional costs for transitioned individuals, as the newly opened bed would likely be filled. Currently, occupancy rates in Ohio nursing homes are approximately 75%.²

As with all Medicaid waivers, room and board is not covered outside of an institution. Individuals will have to use their own resources, which may include social security benefits, federal Supplemental Security Income (SSI), or other similar supplements. It is unclear at this time if family support will be allowed under the proposed waiver. A payment made directly to individuals from family members is considered unearned income, which results in a dollar for dollar reduction in SSI benefits. Furthermore, a payment made to the facility is considered an in-kind contribution and results in a 33% reduction in federal benefits, no matter what the amount of the contribution. In 2000, 19 states allowed family supplementation, 7 states prohibited supplementation, and 4 states did not have a policy.³

Under the bill, any GRF money saved from the Assisted Living program would still remain in GRF line item 600-525, Health Care/Medicaid. If ODJFS spends this money, then there would ultimately be no savings to the state.

Fee Changes

The bill provides that a long-term care facility that fails to pay the bed fee that supports regional long-term care ombudsman programs within 90 days of the due date is to be assessed twice the amount of the fee. The bill also establishes a maximum \$500 fine for denying a representative of the Office of the State Long-Term Care Ombudsman program access to a long-term care facility or community-based long-term care site.

There may be a revenue gain resulting from these provisions. However, the amount of additional revenue received will depend on the number of long-term care facilities that fail to pay the bed fee within 90 days and the number of facilities that deny a representative of the Office of the State Long-Term Care Ombudsman program access to a facility, which cannot be estimated at this time.

Certification of Community-Based Long-Term Care Providers

The bill requires the Department to adopt rules requiring the certification of community-based long-term care providers. The bill states that a provider of community-based long-term care services cannot receive payment unless the provider obtains certification or meets the terms of a contract that includes conditions of participation and service standards the provider must meet.

According to the Department, these provisions would allow ODA to develop a consistent statewide practice of conducting business with providers. The Department will develop uniform standards for certification and contracting with providers. The ODJFS will grant the provider a Medicaid provider agreement based upon ODA's certification process. Currently, ODA and local AAA's do all the work related to this activity. Thus, the Department believes there would not be any significant costs associated with this provision.

² Ohio Commission to Reform Medicaid Report, pg. 13. The report can be accessed at: http://www.ohiomedicaidreform.com/pdf/transforming_medicaid.pdf

³ Mollica, R.L. and Jenkins, R. (2001). State Assisted Living Practices and Options: A Guide for State Policy Makers. This report can be accessed at: [http://www.ncbdc.org/ncbdc/contents.nsf/docname/CHStatePolicyManual/\\$file/CHPPolicyManualPDF.pdf](http://www.ncbdc.org/ncbdc/contents.nsf/docname/CHStatePolicyManual/$file/CHPPolicyManualPDF.pdf)

Long-Term Care Consultation Program

The bill requires the ODA to develop a Long-Term Care Consultation program whereby individuals or their representatives are provided with information through professional consultations about options available to meet long-term care needs and about factors to consider in making long-term care decisions. The bill also eliminates a provision of law that required ODJFS to administer a similar program for potential residents of nursing facilities. The bill requires long-term care consultations to be provided to nursing facility residents who are likely to spend down their resources to a level that qualifies them financially for Medicaid within six months after nursing facility admission. The bill authorizes the promulgation of rules specifying the circumstances when it may be appropriate to provide a long-term care consultation after the person's admission to a nursing facility.

The consultation program would provide in-person assessments to individuals and discuss with them their long-term care needs. In-person assessments are a more detailed needs assessment and are currently done for both the PASSPORT program and nursing facility admission. The local Area Agencies on Aging are currently implementing these screenings using certified individuals; therefore, there will be little or no additional administrative costs associated with the establishment of the Long-Term Care Consultation program. According to ODA, this provision gives the Department more flexibility in providing in-person assessments. As a result, ODA will focus their resources on those individuals who would benefit most from an in-person assessment. This may result in an increase in the number of assessments provided and thus, could potentially increase costs. However, the more efficient use of in-person assessments could result in more individuals moving out of nursing facilities and into less costly community and home-based settings. Should this occur, the state may experience the indirect effect of a reduction in Medicaid costs and a corresponding reduction in federal reimbursement for Medicaid expenditures.

Nursing Home and Residential Care Facility Survey

The bill permits ODA to conduct an annual survey, itself or by contract, of nursing facilities and residential care facilities. The bill provides that a nursing facility or residential care facility that recklessly fails to complete the survey is subject to a \$100 fine.

The annual long-term care survey is conducted by the Miami University's Scripps Gerontology Center as part of an ongoing research project that tracks long-term care utilization patterns in Ohio. In prior years, the survey was mandated by the Ohio Department of Health (ODH), which used the data for health planning. However, the mandate to complete the survey was removed for during FY 2004-2005 biennium. Consequently, the response rate fell from approximately 96% to approximately 60%. According to the Department, ODA does not expect to collect any revenue from this provision, but expects to receive a higher response rate for the survey.

Long-Term Care Consumer Guide

The bill requires ODA to publish the Ohio Long-Term Care Consumer Guide. The bill allows the Department to charge an annual fee of \$300 for residential care facilities and \$400 for nursing facilities for costs associated with publishing the Guide. With these fees, the Department expects to generate approximately \$552,000 in annual revenue. The Department will survey nursing facility residents (FY 2007), residential care facility residents (FY 2007), and families of nursing facility residents (FY 2008) for the Guide. In FY 2006, no surveys will take place as the Departments collects revenue to fund future surveys.

Transfer of PACE Administrative Duties

The bill requires ODA to carry out the day-to-day administration of the Program of All-Inclusive Care for the Elderly (PACE). The last budget act permitted ODJFS to transfer the day-to-day administration of the PACE program to ODA, subject to federal approval. The Department took over full administration of the PACE program in FY 2006.

Ambulette Services

The bill exempts ambulette service providers from the Medical Transportation Law if they are operating under standards established in rules promulgated by ODA. The bill requires ambulette service providers, when exempted as described above, to make two-way communication available to their ambulette drivers; install or secure one isolation and biohazard disposal kit in ambulette vehicles; and obtain from an ambulette driver applicant a copy of a signed medical statement containing specified information from a licensed physician, the results of a chemical test for drug and alcohol abuse, certificates of completion of CPR and first aid courses, and the results of a criminal records check.

The Medical Transportation Law would require the Ohio Medical Transportation Board to monitor and inspect ambulette service providers that are equipped to carry wheelchairs. However, local AAAs currently monitor these vehicles for elderly individuals receiving these services. According to ODA, this would result in two state agencies spending time and money to monitor the same providers, which could increase costs to ODA, AAAs, and to transportation providers.

Aging and Disability Resource Center Grant

The bill permits the Department to apply for the 2005 Aging and Disability Resource Center (ADRC) Grant Initiative of the Administration on Aging (AOA) and the Centers for Medicare and Medicaid Services (CMS). If ODA receives the grant, the bill allows the Department to create an Aging and Disability Resource Center.

ADRC programs provide citizen-centered, "one-stop" entry points into the long-term support system. Resource centers serve individuals needing long-term support, their family caregivers, and those planning for future long-term support needs. Currently, 24 states have received these grants and are developing resource centers. The AOA and CMS plan to fund up to 20 grants of up to \$800,000 each for a three-year period. Grantees are required to make a nonfinancial or cash recipient contribution (match) of at least 5% of the total grant award. The Department would see an increase in administrative costs associated with the grant application process if it decides to apply for the grant. Furthermore, if awarded the grant, the Department would be required to provide a 5% match.

Vetoed Provisions

The bill creates a nine-member PASSPORT Evaluation Panel charged with studying various aspects of the PASSPORT program. Additionally, the bill earmarks up to \$200,000 in FY 2006 in appropriation item 490-607, PASSPORT, Fund 3C4, in the Federal Special Revenue Fund Group, to fund an evaluation of the PASSPORT program. According to the veto message, the Governor vetoed the creation of the Panel because it is "overly restrictive with respect to the evaluation panel and items to be evaluated." The Governor left the earmark for an evaluation of the PASSPORT program intact and the funds will be used for an independent evaluation of the PASSPORT program.

ANALYSIS OF THE ENACTED BUDGET

Program Series 1

Senior Independence Services

Purpose: Enables seniors and persons with disabilities to live in settings they prefer and assures that government programs honor and support the role of families and friends who provide care.

The following table shows the line items that are used to fund the Senior Independence Services program series.

Fund	ALI	Title	FY 2006	FY 2007
General Revenue Fund				
GRF	490-321*	Operating Expenses	\$2,390,387	\$2,119,081
GRF	490-403	PASSPORT	\$112,045,715	\$121,009,372
GRF	490-411	Senior Community Services	\$10,630,988	\$10,630,988
GRF	490-412	Residential State Supplement	\$9,156,771	\$9,156,771
GRF	490-414	Alzheimer's Respite	\$4,085,888	\$4,085,888
GRF	490-416	JCFS Elderly Transportation	\$100,000	\$100,000
GRF	490-421	PACE	\$11,354,145	\$10,214,809
GRF	490-422	Assisted Living Waiver	\$0	\$359,919
General Revenue Fund Subtotal			\$149,763,894	\$157,676,828
State Special Revenue Fund				
4J4	490-610*	PASSPORT/Residential State Supplement	\$33,263,984	\$33,263,984
4U9	490-602	PASSPORT Fund	\$4,424,969	\$4,424,969
5CE	490-624	Special Projects	\$350,000	\$0
5W1	490-616	Resident Services Coordinator Program	\$262,500	\$262,500
State Special Revenue Fund Subtotal			\$38,301,453	\$37,951,453
Federal Special Revenue Fund				
3C4	490-607	PASSPORT	\$198,683,143	\$218,196,387
3C4	490-621	PACE-Federal	\$10,854,083	\$14,586,135
3C4	490-622	Assisted Living-Federal	\$0	\$5,687,374
3M3	490-611	Federal Aging Nutrition	\$27,622,693	\$28,037,034
3M4	490-612*	Federal Independence Services	\$26,116,319	\$26,567,144
322	490-618*	Federal Aging Grants	\$10,200,574	\$10,311,339
Federal Special Revenue Fund Subtotal			\$273,476,812	\$303,385,413
Total Funding: Senior Independence Services			\$461,542,159	\$499,013,694

* Amount does not reflect total appropriation because the line item is used to fund other program series.

This analysis focuses on the following specific programs within the Senior Independence Services program series:

- **Community Services and Nutrition**
- **Support for Informal Caregivers**
- **Service Coordination in Senior Housing**
- **Residential State Supplement (RSS)**
- **PASSPORT**
- **Program for All Inclusive Care for the Elderly (PACE)**

Community Services and Nutrition

Program Description: The Community Services and Nutrition program contains several separate sub-programs. These sub-programs are as follows: Title III (B, C, & D) Nutrition and Support Services, Senior Community Services, Senior Farmers' Market Nutrition Program, the Home Energy Assistance Program, the Nutrition Services Incentive Program, and the Jewish Community and Family Services (JCFS) Elderly Transportation.

Nutrition and Support Services – In 1965, President Lyndon Johnson signed the federal Older Americans Act (OAA) into law. Title III of the OAA authorizes grants to be given to states to foster the development and implementation of comprehensive and coordinated aging systems to serve older individuals. Title III funds are distributed among the states by a formula set forth in the OAA. For the most part, the formula is based on the number of people aged 60 or older in the state. Title III funds are used for supportive services (B), congregate and home-delivered meals (C), disease prevention and health promotion (D), and the National Family Caregiver Support Program (E). Title III funds are disbursed through federal line items 490-611, Federal Aging Nutrition, and 490-612, Federal Independence Services. The Nutrition and Support Services program includes Title III (B), (C), and (D) funds. Title III (E) funds, the Family Caregiver Support program, are disbursed in the Support for Informal Caregivers program. Some of the services authorized by Title III of the OAA include the following: chore services, counseling, adult day care, education, employment, escort, friendly visitor, health services, home health aide, home maintenance, homemaker, information/referral, legal services, congregate meals, home-delivered meals, outreach, protective services, recreation, respite care, telephone reassurance, and transportation. Approximately 284,000 Ohioans received services funded by the OAA in FY 2003.

Senior Community Services – These funds, which are funded by the GRF, are used to (1) supplement Title III funds and (2) satisfy the state's match obligations to draw down various federal funds. The program targets individuals who are frail and impaired and not served through PASSPORT. According to the Department, 80% of the individuals who receive Senior Community Services have incomes of less than 150% of the federal poverty level. Benefits are not means tested. However, recipients may contribute to the cost of their services based on a sliding fee scale. Services include: personal care, home-delivered meals, congregate meals, case management, care coordination, transportation, information reporting, home maintenance, and housing coordination. These funds served approximately 18,715 individuals in FY 2003.

Senior Farmers' Market Nutrition Program – The Senior Farmers' Market Nutrition Program is funded by a grant from the U.S. Department of Agriculture. The program provides nutrition information and vouchers for locally grown produce to income-eligible adults aged 60 and older in 13 counties. The vouchers can be redeemed through authorized farmers selling produce at farmers' markets and roadside stands. In FY 2003, the Senior Farmers' Market Nutrition Program provided \$1.3 million in produce to 17,800 older adults through 149 local farmers.

Home Energy Assistance Program (HEAP) – The HEAP program provides financial assistance to low-income residents to help meet heating costs. The Ohio Department of Development manages HEAP and provides funds each year to the Department for HEAP outreach. The Department provides outreach grants to local AAAs to distribute applications, assist applicants with the forms, and promote the program. During the 2003/2004 heating season, local AAA's helped 17,000 older and disabled adults fill out HEAP applications, provided telephone information and assistance to 8,773 households, trained 476 outreach workers, gave 300 group presentations, and broadcast over 1,900 media spots promoting the program.

Nutrition Services Incentive Program (NSIP) – This federal program provides additional funds to local AAAs for home delivered and congregate meals. Local AAAs receive a portion of the federal funds available based on the number of meals served in the previous year in proportion to the total number of meals served by all U.S. state units on aging. The federal Administration on Aging administers this program. In federal fiscal year (FFY) 2003, the Department provided approximately 8.7 million meals to 122,000 older Ohioans with a combination of Title III, Senior Community Services, NSIP, and other related local funds.

Jewish Community and Family Services (JCFS) Elderly Transportation – Funds for this program are used for noncapital, transportation expenses of Jewish community and family centers that provide the elderly access to such things as health care, congregate meals, socialization programs, and grocery shopping.

Implication of the Enacted Budget: The enacted budget increases appropriations for the federal Older Americans Act (OAA) programs. This is reflected in the appropriation increases in line items 490-618, Federal Aging Grants; 490-611, Federal Aging Nutrition; and 490-612, Federal Independence Services. Although the appropriations for these programs increase, the Department expects to receive flat funding in federal OAA funds. With this assumption, the Department expects to operate at current levels and serve approximately 284,000 individuals with federal OAA funds.

GRF funding for Senior Community Services (line item 490-411) is funded at \$10.6 million for both FY 2006 and FY 2007, which represents a 1.7% decrease from FY 2005 estimates. The Department estimates that the funding will not support current service levels. With the funding, the Department expects to serve approximately 3,000 fewer individuals over the biennium. Since FY 2001, Senior Community Services funding has decreased 23.2% (\$13.8 million to \$10.6 million) because of budget reductions and flat funding. As a result, there are approximately 2,350 individuals on waiting lists for community-based services. According to the Department, the waiting time to receive services in some areas exceeds two years. The Department expects waiting lists to grow during the biennium as fewer consumers are served.

The funding for PASSPORT also significantly affects the Community Services and Nutrition program. According to the Department, the budget will not fund natural growth in the PASSPORT program. Consequently, the Department expects waiting lists to be implemented. This, in turn, puts more pressure on OAA and Senior Community Services programs to fund services for these clients. Furthermore, as OAA and Senior Community Services funds are reduced, more pressure is put on local funds to make up the gaps. Local senior services tax levies annually generate approximately \$85 million. Currently, 59 counties have senior services levies, which generate approximately \$90 million in revenue. Franklin and Hamilton counties make up approximately 43% of annual levy revenue (approximately \$20 million and \$18 million, respectively).

In recent years, the Department has tried to make up some of the lost funding by encouraging individuals with an income over 150% of the federal poverty guideline to contribute to the cost of their

services. Cost sharing is not mandatory and consumers cannot be denied services if they refuse to contribute to the cost of services. The OAA exempts many services from cost sharing including congregate and home-delivered meals, caregiver education and training, information and assistance, outreach, benefits counseling, case management, and ombudsman services. The Department also exempts transportation services.

Support for Informal Caregivers

Program Description: The Support for Informal Caregivers program contains two sub-programs. These sub-programs are the Family Caregiver Support program and Alzheimer's Respite.

Family Caregiver Support Program – The Family Caregiver Support program was added to the OAA in FY 2000. Title III (E) of the OAA authorizes federal funds to be distributed to states to provide the following five basic supports for informal caregivers: information about available services, assistance in gaining access to these services, counseling and training, respite care, and limited supplemental services. Federal funds are distributed based on a congressionally mandated formula that is based on the proportionate share of the U.S. population age 70 and older. States are required to give priority to (1) persons in the greatest social and economic need (particularly low-income individuals) and (2) older individuals providing care and support to individuals with mental retardation and related developmental disabilities. In FY 2003, approximately 61,528 Ohioans received services from the Family Caregiver Support program.

Alzheimer's Respite – The Alzheimer's Respite program, which is funded by the GRF, targets families of individuals who suffer from Alzheimer's disease, regardless of age. Services provided by the program include respite care services (e.g., personal care, homemaker, adult day services, institutional care, and visiting services), case management, care coordination, caregiver education, and professional education. Respite care services can take several forms including a home care worker visiting the individual's home, a stay in an adult day care facility, overnight care in a hospital or nursing home, support groups, caregiver training, or family care planning meetings. State Alzheimer's Respite funds are used as matching funds for Title III (E) funding. In FY 2003, approximately 9,500 Ohioans received Alzheimer's Respite services.

Implication of the Enacted Budget: All of the funds received for the Family Caregiver Support program will be used to maintain current service levels. According to the Department, a small reduction in services could occur because of increased costs and potential shifting of services between caregiver education and respite care.

Alzheimer's Respite services is funded at \$4.1 million in both FY 2006 and FY 2007, which represents a 6.4% decrease from FY 2005 estimates. The Department believes the funding will allow Alzheimer's respite and support services to serve approximately 9,500 individuals each year. The budget also requires OBM to transfer in FY 2006 \$350,000 from Fund 4E3, Resident Protection Fund, in ODJFS to Fund 5CE in ODA. These funds will be distributed to the Ohio Alzheimer's Association for the development of a pilot person-centered training program for long-term care staff who interact with people with dementia.

Service Coordination in Senior Housing

Program Description: Resident service coordinators provide information and assistance to low-income and special-needs tenants, including the elderly, living in subsidized rental housing complexes in obtaining community and program services for which they are eligible. Funds for this program are

transferred from the Ohio Housing Finance Agency (OHFA) to the Department of Aging. The Department uses these funds to distribute grants to local nonprofit organizations that employ or supervise service coordinators. The Department monitors the program, collects reports, and provides training for service coordinators and their supervisors.

Resident Services Coordinator funds are disbursed through line item 490-616, Resident Services Coordinator Program. The OHFA provides a small amount of money to subsidize the Department's administrative costs associated with the program. The Department supplements the administration of this program through GRF line item 490-321, Operating Expenses.

Implication of the Enacted Budget: Funds from OHFA are transferred to ODA and awarded by the Department to nonprofit organizations providing resident coordinator services. The OHFA and the Ohio Housing Trust Fund Advisory Committee determines the amount of funds that will be transferred to the Department. According to the Department, the grant awards for this program have not increased for some time, resulting in a reduction of resident service coordinator hours. The appropriations will fund 11 grants to nonprofit organizations that employ or supervise resident service coordinators. The Department is encouraging low-income senior housing sites to pursue funding from the U.S. Department of Housing and Urban Development (HUD) to maximize available funding. At least one housing site has obtained HUD funding to support the program. This allows the Department to reallocate funds to other eligible housing sites.

Residential State Supplement (RSS)

Program Description: This program provides cash assistance and case management to aged, blind, or disabled adults who reside in approved living arrangements including group homes, adult care facilities, residential care facilities, and other facilities licensed by the Ohio Department of Mental Health (ODMH). To be eligible for the RSS program, individuals must not have an income greater than \$900 a month, must require at least a protective level of care, and must not need ongoing skilled nursing care or 24-hour supervision. Clients receive the supplemental payment directly and then pay the RSS providers themselves. The monthly cash supplement is used together with the individual's personal income to pay for an alternative living arrangement. The monthly supplement makes up the difference between the individual's income and the financial need standard set for the appropriate RSS living arrangement. The financial need standard is currently \$600 to \$900 depending on the particular kind of home, apartment, or facility.

Administrative rules limit enrollment in the RSS program to 2,800. The RSS program served 2,489 individuals in FY 2004. Of this total, approximately 66% are under the age of 60, with the remaining 34% over the age of 60. Enrollment was frozen during the current biennium due to budget reductions. The program has always had a waiting list because of the limitation on enrollment. As of January 21, 2005, 1,346 individuals were on the waiting list.

State funds for the RSS program are disbursed through GRF line item 490-412, Residential State Supplement. The RSS program also receives a portion of the nursing facility franchise fee moneys, which are disbursed through line item 490-610, PASSPORT/Residential State Supplement.

Although the Department of Aging administers the RSS program, the Ohio Department of Job and Family Services (ODJFS) is responsible for making payments. Amended Substitute House Bill 152 of the 120th General Assembly transferred the operation of the RSS program from ODJFS to the Department of Aging. Consequently, the Department of Aging transfers all appropriations for the RSS

program to ODJFS. The ODJFS then makes RSS payments through line item 600-618, Residential State Supplement Payments.

Implication of the Enacted Budget: During the previous biennium, the Department suspended new enrollments in the RSS program because of reduced funding, dropping the number served below the 2,800 maximum to an estimated 2,489. As a result, the RSS program currently has a waiting list of approximately 1,346 individuals. The Department estimates that approximately 2,000 slots can be funded with the appropriations. The Department believes the RSS waiting list will continue to grow as more people are denied entry into the program.

Currently, approximately 66% of all RSS enrollees are under the age of 60 and fall under the jurisdiction of other state agencies (e.g., ODMH). When ODA took over the RSS program in 1993, their goal was to have a system of affordable housing in place to serve older Ohioans that may not qualify for Medicaid waiver services. However, the RSS program is increasingly serving individuals with mental illness or mental retardation. Thus, ODA and ODMH are proposing changes to the program to better serve their respective populations. It is unclear at this time what specific changes will be made to the program since the Social Security Administration (SSA) must approve any change. The ODA is researching various options to draw down federal Medicaid dollars for current RSS enrollees individuals over the age of 60. The ODMH would like more control over benefit payments to its clients to ensure that quality residential services are being provided.

The bill (1) requires the Department to transfer sufficient funds from appropriation item 490-412, Residential State Supplement, in FY 2007, to ODMH to make benefit payments for all RSS recipients who are less than 60 years of age diagnosed with mental illness, mental retardation, or a developmental disability and are enrolled in the program on June 30, 2006, (2) allows OBM to transfer appropriations from ODA GRF appropriation item 490-412, Residential State Supplement, to ODMH GRF appropriation item 335-505, Local Mental Health Systems of Care, to make RSS benefit payments, (3) allows OBM to transfer cash from ODA Fund 4J4, PASSPORT Fund, into the GRF and increase the appropriation in ODMH GRF appropriation item 335-505, Local Mental Health Systems of Care, by an equal amount, and (4) requires ODA to continue to be responsible for the RSS program if the SSA does not approve the proposed changes to the program. According to ODA, the SSA will not allow any individual enrolled in RSS to lose their benefit when any changes to the program are made.

PASSPORT

Program Description: The PASSPORT (Pre-Admission Screening System Providing Options and Resources Today) program provides (1) screening for Ohioans seeking placement in a nursing facility (PASS), and (2) community-based long-term care services (PORT).

The PASS (Pre-Admission Screening System) portion of PASSPORT is responsible for screening any Ohioan seeking entry into a Medicaid nursing facility. These screens assess the individual's needs and determine their level of care. In FY 2003, the Department performed 114,848 pre-admission screens for individuals seeking nursing facility admission and 65,898 other screens for individuals seeking community-based services.

After the screenings, individuals are informed of their long-term care options, which include nursing facilities (for those with a nursing home level of care) and various community-based services. Individuals enrolled in PASSPORT or RSS are assigned a case manager. The case manager is responsible for determining the services the person needs and the most efficient manner of providing

those services (the PORT aspect of the program). The PORT portion of PASSPORT provides a number of community-based services for low-income seniors.

Community-based services are available for individuals through various funding streams (Title III, Senior Community Services Block Grant, local levy funds, etc.) depending on their eligibility. In addition, the Department administers two home and community-based Medicaid waivers: PASSPORT and Choices. Under the Medicaid program, the federal government reimburses allowable expenditures according to a state's federal medical assistance participation (FMAP) rate. For FFY 2005, Ohio's FMAP rate is 59.68%. Under the program, state funds are used to "draw down" federal funds at the FMAP rate. Thus, for every \$1 spent on services allowable under Medicaid, the federal government reimburses the state approximately \$0.60. The Centers for Medicare and Medicaid Services (CMS) in the United States Department of Health and Human Services annually sets the FMAP rate. Administrative costs related to running Medicaid-related programs (as compared to costs associated with direct health care services) are reimbursed at 50% with some exceptions (e.g., 75% for skilled administrative activity).

PASSPORT – PASSPORT is a home and community-based Medicaid waiver that enables older individuals to stay at home by providing them with in-home long-term care services. To be eligible for the program, a person must meet both financial and nonfinancial requirements. A person must: (1) be Medicaid eligible, (2) be 60 years old or older, (3) be in need of a nursing home level of care, (4) be in need of services not readily available from other community resources, (5) be evaluated periodically to determine need and eligibility of services, (6) be under a physician-approved service plan, (7) be adequately assured of health and safety living at home, and (8) be able to receive service needs met within a cost cap. Services covered on the PASSPORT waiver are as follows: personal care, homemaker, home delivered meals, adult day services, transportation, social work/counseling, nutrition consultant, independent living assistance, emergency response systems, home chores and repairs, medical supplies and equipment, and adaptive/assistive equipment.

The federal government limits the number of waiver slots available. In FY 2005, the PASSPORT waiver has a capacity of 32,252. According to the Department, the average PASSPORT client is a widowed female, age 78, and typically receives services for 2.5 years at a cost of \$31,800.

Choices – Like PASSPORT, Choices is home and community-based Medicaid waiver that enables older individuals to stay at home by providing in-home long-term care services. However, unlike PASSPORT, the Choices waiver is "consumer-directed." Consumer direction is a philosophy that allows individuals and families greater choice, control, and responsibility for their services. The major difference is that Choices allows individuals to recruit, hire, schedule, and, if necessary, fire their worker. The case manager still has a major role in assessing the consumers' needs and working with the consumer to identify ways of meeting those needs. Consumer direction is a philosophy that assumes consumers have the right and ability to assess their own needs, determine how those needs should be met, and evaluate the quality of services received. Ideally, consumer-directed choice gives the consumer more control over the services received. For example, on the PASSPORT waiver, a case manager, with input from the consumer, family, and other professionals, determines the type of social services needed, who will provide the services, and when they will be provided. Comparatively, individuals on the Choices waiver make these decisions themselves when possible.

The federal government originally approved the Choices waiver as a pilot project. Thus, the Choices waiver is currently only available in certain geographic regions of Ohio. However, the Department is seeking federal approval to expand the Choices waiver statewide. The Department is hoping to get federal approval and begin gradually enrolling more individuals by FY 2008. Currently, approximately 125 individuals are enrolled on the Choices waiver.

Implication of the Enacted Budget: PASSPORT – Funding for PASSPORT in GRF line item 490-403, PASSPORT, is increased by \$8.4 million (8.1%) in FY 2006 and by \$9 million in FY 2007 (8.0%). According to the Department, the funding will not meet the projected demand for PASSPORT services. With the funding, the Department estimates that approximately 625 new monthly enrollees can be supported in each fiscal year. However, the Department believes that meeting this goal with the funding level will be difficult. The number of projected new monthly enrollees that can be served was determined using multiple assumptions, including a disenrollment rate of approximately 2.5%. If current disenrollment rates fall below these estimates, which the Department expects, then supporting 625 new monthly enrollees will require further cost containments, including utilization review of client care plans. If utilization review cannot contain costs, then the number of projected new monthly enrollees will fall. The Department projects PASSPORT demand for new monthly enrollees to total 842 in FY 2006 and 885 in FY 2007. According to the Department, additional GRF funding of \$6.0 million in FY 2006 and \$23.7 million in FY 2007 would be needed to fully fund PASSPORT. Thus, the Department expects to institute a waiting list during the biennium based on the level of funding.

The maximum number of slots that the federal Centers for Medicaid and Medicare Services (CMS) will allow to be served is 34,957 in FY 2006 and 38,450 in FY 2007. However, when CMS approves slots, they expect states to fill them based on the demand for services. With the funding, the Department is concerned that it may have to petition CMS to reduce the number of approved PASSPORT slots for the biennium. According to the Department, having unfilled slots while, at the same time, instituting a waiting list, is a fiscal liability for the Department.

Choices – The enacted budget will support current Choices enrollees. Furthermore, the funding level will allow the Department to expand the program by approximately 75 additional slots. The Department recently received approval to take the Choices waiver into the southeastern section of Ohio. Ultimately, the Department hopes to take the Choices waiver statewide in FY 2008.

Assisted Living Waiver – The bill authorizes ODJFS to seek an Assisted Living Medicaid waiver for eligible individuals residing in residential care facilities. Upon federal approval, ODJFS is required to contract with ODA for the administration of the program. The bill limits participation to 1,800 individuals and specifically permits any residential care facility to participate in the program.

The bill provides that once ODJFS enters into a contract with ODA to administer the program, ODJFS must submit quarterly reports to OBM outlining the estimated costs of the program for the upcoming quarter, including both the state and federal share. Upon receipt of the estimated costs, OBM must transfer the estimated costs from ODJFS GRF appropriation item 600-525, Health Care/Medicaid, to ODA GRF appropriation item 490-422, Assisted Living Waiver. When the program is fully implemented, ODJFS estimates that it will need to transfer approximately \$20.8 million all funds (\$8.3 million state share) in FY 2007 to ODA.

Assuming a one-for-one displacement, a savings to Medicaid would be expected since these individuals would be diverted from more costly institutionalization to a Medicaid waiver. This assumption can be made since Medicaid waiver programs have built-in cost caps, which are lower than the cost of institutionalization. In FY 2003, the average annual cost for nursing facilities was approximately \$58,600.⁴ Comparatively, the Department estimates the Assisted Living waiver will have an average annual cost of approximately \$21,600. Thus, a savings to Medicaid could be assumed for

⁴ Based on the FY 2003 per diem of \$160.54. This estimate was provided by ODA and does not include client liability payments or Medicaid card costs.

individuals leaving nursing homes for an Assisted Living waiver. However, a savings may not be realized if current nursing homes were at 100% capacity and/or had waiting lists. If this were the case, the state may incur additional costs for transitioned individuals, as the newly opened bed would likely be filled. Currently, occupancy rates in Ohio nursing homes are approximately 75%.⁵ Under the bill, any GRF money saved from the Assisted Living program would still remain in GRF line item 600-525, Health Care/Medicaid. If ODJFS spends this money, then there would ultimately be no savings to the state.

Program of All-Inclusive Care for the Elderly (PACE)

Program Description: The Program of All-Inclusive Care for the Elderly (PACE) enables seniors to stay in the community by providing managed care services. The PACE sites provide participants with all of their needed health care. All PACE participants must be 55 years of age or older and qualify for a nursing facility level of care. The PACE sites assume full financial risk for the care of the participants. According to the Department, since the program places all financial risk on the PACE sites, the provider has the incentive to prevent high cost treatments. Quality of care at the PACE sites is monitored by both state and federal agencies. The program currently operates at two sites in Cincinnati and Cleveland. The federal government allows 440 individuals to be served at each site.

The last budget act permitted ODJFS to transfer the day-to-day administration of the PACE program to the Department of Aging, subject to federal approval. The Department took over full administration of the PACE program in FY 2006.

Implication of the Enacted Budget: ODA took over the management and administration of the PACE program in FY 2006. The enacted budget provides for current service levels to be maintained. Furthermore, the caseload should gradually increase during the biennium to the maximum number allowed. The federal government restricts the number of slots at each site to 440 individuals. The Department expects to have approximately 825 monthly enrollees in FY 2007.

The bill includes language that requires the Department to allocate, to the extent funding is available, 500 PACE slots to Tri-Health Senior Link located in Cincinnati and 380 slots to Concordia Care located in Cleveland. Furthermore, the bill requires the Department to allocate, to the extent funding is available, up to an additional 60 slots from Concordia Care to Tri-Health Senior Link if the Department projects that Concordia Care will not fill all of their allotted slots.

⁵ Ohio Commission to Reform Medicaid Report, pg. 13. The report can be accessed at: http://www.ohiomedicaidreform.com/pdf/transforming_medicaid.pdf.

Program Series 2

Elder Rights

Purpose: Creates an environment within Ohio where respect for elder rights is encouraged, where mechanisms are put in place to assist older persons in asserting their rights, and where older persons understand and exercise their rights and privileges.

The following table shows the line items that are used to fund the Elder Rights program series.

Fund	ALI	Title	FY 2006	FY 2007
General Revenue Fund				
GRF	490-410	Long-Term Care Ombudsman	\$689,437	\$689,437
General Revenue Fund Subtotal			\$689,437	\$689,437
State Special Revenue Fund				
4C4	490-609	Regional Long-Term Care Ombudsman Program	\$910,000	\$935,000
5BA	490-620	Ombudsman Support	\$615,000	\$0
5K9	490-613	Long-Term Care Consumer Guide	\$298,400	\$620,000
State Special Revenue Fund Subtotal			\$1,823,400	\$1,555,000
Federal Special Revenue Fund				
3M4	490-612*	Federal Independence Services	\$1,790,968	\$1,758,752
322	490-618*	Federal Aging Grants	\$45,986	\$46,545
Federal Special Revenue Fund Subtotal			\$1,836,954	\$1,805,297
Total Funding: Elder Rights			\$4,349,791	\$4,049,734

*Amount does not reflect total appropriation because the line item is used to fund other program series.

This analysis focuses on the following specific programs within the Elder Rights program series:

- **Long-Term Care Ombudsman**
- **Long-Term Care Consumer Guide**
- **Benefits Counseling and Legal Service Development**

Long-Term Care Ombudsman

Program Description: The Ombudsman program advocates for long-term care consumers by investigating and attempting to resolve consumer complaints about long-term care services. The 12 AAAs operate the program either directly or by contracting with nonprofit organizations. In FY 2004, the program investigated over 12,846 complaints, a 23% increase from FY 2003 levels.

Funding for the Ombudsman program comes from state and federal sources. State funds, disbursed through GRF line item 490-410, Long-Term Care Ombudsman, serve as the nonfederal match required to draw down federal Title III (B) funds. The Ombudsman program receives a portion of the facility bed fee assessed to nursing and residential care facilities. The Department also receives federal funds authorized by the Older Americans Act (Title VII, Chapters 2 and 3) for the Ombudsman program.

Implication of the Enacted Budget: The primary source of funding for the Ombudsman program comes from the federal Older Americans Act (Title VII, Chapters 2 and 3). Along with the federal funding, the Ombudsman program also receives GRF dollars. With the funding level, the Department anticipates current service levels to be maintained. Ombudsman will be able to visit each nursing and

residential care facility twice each year. However, reductions in funding over previous biennia have reduced staffing levels. The Department believes the number of complaints received concerning long-term care will continue to increase. According to the Department, as complaints increase, the ability to handle all complaints in a timely manner becomes difficult under current staffing levels. The Department estimates that some services including in-service training for providers, nursing home resident council assistance, long-term care selection assistance, and provider consultation will decline.

The enacted budget includes \$615,000 in line item 490-620, Ombudsman Support, for FY 2006. This line item was created by the Controlling Board during FY 2005 and received a \$615,000 transfer of Resident Protection Funds from ODJFS at that time. The Department will receive a second transfer in FY 2006. The revenue was generated from fees assessed to nursing facilities with inspection problems. Each transfer includes a \$600,000 distribution to local AAAs for Ombudsman volunteer expansion and \$15,000 to cover the Department's administrative costs (e.g., registry of ombudsman, production of training materials, etc.). Local AAAs will use these funds as seed money to hire and recruit volunteer coordinators. Volunteer coordinators are expected to develop and expand Ombudsman volunteers in order to increase the frequency of facility visits. The coordinators are expected to secure local funding for their activities.

Long-Term Care Consumer Guide

Program Description: The Long-Term Care Consumer Guide is a website developed by the Department to assist individuals in making decisions about long-term care services and selecting a nursing facility. The website provides comparative data, including regulatory compliance and consumer satisfaction information, for every nursing facility in Ohio. Nursing facilities can add information about bed capacity, policies, staffing levels, specialization, and quality.

Implication of the Enacted Budget: The last budget act eliminated both the statutory mandate and funding for the Long-Term Care Consumer Guide. However, the Department maintained the Guide at a minimal level during the previous biennium. The Department used Long-Term Care Ombudsman funds to subsidize 0.5 FTE for Guide operations. The enacted budget reinstates funding for the Long-Term Care Consumer Guide, which will include annual satisfaction surveys for each nursing and residential care facility.

To fund the Guide, the bill includes an annual fee of \$300 for residential care facilities and \$400 for nursing facilities. The Department expects to generate approximately \$552,000 in annual revenue from these provider fees. The Department will survey nursing facility residents (FY 2007), residential care facility residents (FY 2007), and families of nursing facility residents (FY 2008) for the Guide. In FY 2006, no surveys will take place as the Department collects revenue to fund future surveys.

Benefits Counseling and Legal Service Development

Program Description: The Department of Aging works with the Ohio Department of Insurance, the Ohio Department of Job and Family Services, and Medicare contractors to provide benefits counseling to older Ohioans so they better understand and benefit from their health insurance.

The Department also provides legal services for Ohioans aged 60 and older that are in the most economic and social need. The Older Americans Act requires states to fund legal services and prescribes a minimum funding level.

Implication of the Enacted Budget: Funding for this program comes solely from federal sources. The funding provided in the enacted budget will maintain current levels of service. The Department requires each AAA to allocate at least 5% of Title III (B) funds, which are awarded in the Community Services and Nutrition program, for legal services. In FY 2003, approximately \$815,400 of Title III (B) funds was used for legal services.

With the funding, the Department can fund 69 community education activities and advise the Ohio Senior Health Insurance Information Program on the development of consumer information products. The level of funding will also provide approximately 25,000 hours of legal service and insurance benefit education to 7,500 individuals.

Program Series 3

Healthy and Productive Aging

Purpose: Meets the needs of active seniors, caregivers, and the general population by providing counseling, information, and programs about Medicare, insurance, and retirement; caregiver support; prescription drug discounts; employment and volunteer activities; and fitness/wellness programs.

The following table shows the line items that are used to fund the Healthy and Productive Aging program series.

Fund	ALI	Title	FY 2006	FY 2007
General Revenue Fund				
GRF	490-321*	Operating Expenses	\$189,480	\$189,786
GRF	490-405	Golden Buckeye Card	\$467,614	\$467,614
GRF	490-406	Senior Olympics	\$15,638	\$15,638
GRF	490-506	National Senior Service Corps	\$352,943	\$352,943
General Revenue Fund Subtotal			\$1,025,675	\$1,025,981
General Services Fund				
480	490-606	Senior Community Outreach and Education	\$372,677	\$372,677
General Services Fund Subtotal			\$372,677	\$372,677
Federal Special Revenue Fund				
322	490-618*	Federal Aging Grants	\$4,587,794	\$4,656,610
Federal Special Revenue Fund Subtotal			\$4,587,794	\$4,656,610
Total Funding: Healthy and Productive Aging			\$5,986,146	\$6,055,268

* Amount does not reflect total appropriation because the line item is used to fund other program series.

This analysis focuses on the following specific programs within the Healthy and Productive Aging program series:

- **Golden Buckeye Card**
- **Senior Community Services Employment Program**
- **National Senior Service Corps**
- **Senior Olympics**
- **Community Outreach**

Golden Buckeye Card

Program Description: The Golden Buckeye Card is an individual discount card issued free of charge to individuals age 60 or older and to those 18-59 with a total and permanent disability (as defined by Medicare). The program is designed to provide cardholders with savings on their purchases of goods or services from participating businesses. Over 18,000 merchants voluntarily participate and honor the card based on their custom-tailored discount or special offer.

Senate Bill 261 of the 124th General Assembly created a prescription drug savings benefit for the Golden Buckeye Card. The program is designed to provide savings, through the Golden Buckeye Card, to seniors without insurance who purchase their own prescription drugs. Member Health, the pharmacy benefit manager and program administrator, is responsible for negotiating costs savings, entering into rebate agreements, issuing new cards, and the overall management of the program. Although Member Health is responsible for the overall operating costs of the program, the Department does provide limited administrative support. According to the Department, Ohio seniors receive over \$1.25 million in cash savings per month with an average prescription cost reduction of 24% per prescription.

Implication of the Enacted Budget: Appropriations in GRF line item 490-405, Golden Buckeye Card, increase by 57.55% in FY 2006 and are flat funded in FY 2007. However, GRF line item 490-419, Prescription Drug Discount Program, which funded the prescription drug component of the Golden Buckeye Card, no longer has an appropriation. The FY 2005 estimated expenditures in this line item were added to GRF line item 490-405, Golden Buckeye Card. Thus, the enacted budget represents flat funding for the Golden Buckeye Card program. With this funding, the Department can maintain current levels of service including card distribution, maintenance of merchant participation, and outreach.

Senior Community Services Employment Program

Program Description: The Senior Community Services Employment program is a training and work experience program that places eligible individuals in temporary nonprofit or governmental jobs. To be eligible, an individual must be age 55 or older and cannot have an annual income that exceeds 125% of the federal poverty guideline. Individuals participating in the program are assisted and encouraged to obtain permanent nonsubsidized employment outside of the program. In FY 2005, the U.S. Department of Labor approved 536 positions, a decrease of 5 positions from FY 2004. According to the Department, participants work approximately 20 hours per week in 46 Ohio counties.

Funding for the program is 90% federal and 10% local. Federal regulations require that 75% of the funds be used for wages and benefits, 13.5% on administration, and 11.5% on other participant costs. The Department of Aging provides grants to three community-based organizations to provide program administration. The grantees provide most of the required local matching funds. However, the Department provides some of the administrative match through GRF line item 490-321, Operating Expenses, which provides internal staffing, monitoring, and program support.

Implication of the Enacted Budget: Matching funds for the Senior Community Services Employment program previously had their own line item, 490-499, Senior Employment Program. However, funds for the required 10% match are now drawn from line item 490-321, Operating Expenses. The appropriation in GRF line item 490-321, Operating Expenses, will provide the necessary matching funds and subsidize the approved number of slots.

National Senior Service Corps

Program Description: The National Senior Service Corps program, which is under the jurisdiction of the Corporation for National and Community Service, provides volunteer opportunities to older adult volunteers. The National Senior Service Corps program is made up of the following three subprograms: the Retired Senior Volunteer Program (RSVP), the Foster Grandparent program, and the Senior Companion program. The Department provides a subsidy to participating organizations through GRF line item 490-506, Senior Volunteers, which supports the operating costs of the programs. State subsidies are used to draw down federal funds, which organizations receive directly. The Department allocates GRF funds in the following manner: 50% to the RSVP, 25% to the Foster Grandparents program, and 25% to the Senior Companions program. Over 18,340 older Ohioans provide services around the state through these programs.

Retired Senior Volunteer Program (RSVP): The RSVP provides seniors with volunteer opportunities in their communities. Approximately 16,958 volunteers serve more than 1,945 volunteer stations by performing various community service activities (e.g., delivering meals to area hospitals). Volunteers in the program do not receive any compensation.

The Foster Grandparent Program: The Foster Grandparent program is a senior mentoring program for at-risk children and youth. Approximately 885 volunteers serve one-on-one with more than 3,300 children with special needs. Volunteers in the program commit approximately 20 hours per week and receive a small stipend if they meet certain income eligibility.

The Senior Companion Program: The Senior Companion program supports seniors who make home visits to frail, homebound elders. Approximately 440 older adult volunteers assist more than 1,127 seniors who live independently in their own homes. Volunteers visit and help elderly seniors with home care and transportation needs. Volunteers in the program commit approximately 20 hours per week and receive a small stipend if they meet certain income eligibility.

Implication of the Enacted Budget: With the enacted level of funding, the Department expects current service levels to be maintained. National Senior Service Corps programs use state and local funds as a match for federal funds. However, rural areas often have difficulty attracting additional matching funds to satisfy the full match. Thus, reductions in state subsidies could reduce service levels in areas unable to attract enough local dollars to draw down all available federal funds.

Senior Olympics

Program Description: The Ohio Senior Olympics promotes the health benefits of exercise for seniors. The Department uses these funds to help support statewide games. Ohio Senior Olympics currently conducts ten local games throughout the state, serving approximately 5,000 senior athletes.

Implication of the Enacted Budget: With the enacted level of funding, the Department can maintain current service levels, which include ten local Senior Olympic games in each fiscal year.

Community Outreach

Program Description: The Department creates and distributes educational materials and conducts activities to inform individuals about important aging issues and services available. These include: Ohio's Senior Citizens Hall of Fame, Elder Caregiver Recognition Ceremony, Governor's

Conference on Aging, Joined Hearts in Giving, and Older Americans Month. The Department also issues publications to keep professionals informed of current issues in aging and to aid families preparing to help aging parents.

Implication of the Enacted Budget: With the enacted level of funding, the Department expects current levels of service to be maintained.

Program Series 4 Ohio Community Service Council National Service Programs

Purpose: Manages the federally funded AmeriCorps program in Ohio and promotes volunteerism and community service efforts across the state.

The following table shows the line items that are used to fund the Ohio Community Service Council National Service program series.

Fund	ALI	Title	FY 2006	FY 2007
General Revenue Fund				
GRF	490-409	Ohio Community Service Council Operations	\$203,647	\$193,465
General Revenue Fund Subtotal			\$203,647	\$193,465
State Special Revenue Fund				
624	490-604	OCSC Community Support	\$2,500	\$2,500
State Special Revenue Fund Subtotal			\$2,500	\$2,500
Federal Special Revenue Fund				
3R7	490-617	Ohio Community Service Council Programs	\$9,170,000	\$9,170,000
Federal Special Revenue Fund Subtotal			\$9,170,000	\$9,170,000
Total Funding: Ohio Community Service Council National Service Programs			\$9,376,147	\$9,365,965

This analysis focuses on the following specific programs within this program series:

- **AmeriCorps and Other Volunteer Opportunities**
- **Community Infrastructure Development**
- **Program Management**

AmeriCorps and Other Volunteer Opportunities

Program Description: The AmeriCorps program provides individuals with educational awards for college in return for one year of community service. The AmeriCorps program is federally funded. A portion of the funds distributed to states by the federal government is based on population, while the other portion is through a competitive process based on program quality.

Implication of the Enacted Budget: With the enacted level of funding, OCSC will award and administer 50 grants projects designed to address locally defined community needs. The OCSC estimates that approximately 1,000 AmeriCorps volunteers will provide 1.8 million hours of community service throughout Ohio during the biennium.

Community Infrastructure Development

Program Description: The OCSC is required to not only manage the AmeriCorps program, but also to undertake other projects and initiatives that promote volunteerism throughout Ohio. These projects are centered on building capacity and fostering collaboration within and among volunteer-based organizations. Federal funds and unsolicited donations fund this program.

Implication of the Enacted Budget: The enacted budget includes support for the Citizen Corps Councils to recruit and manage homeland security volunteers. This program will fund a statewide database with volunteers listed by region and skill set in the event of terrorist activity or natural disaster.

Program Management

Program Description: This program covers the administrative costs associated with the OCSC including staff, office space, equipment, supplies, and travel. Funding for the OCSC's administration comes from GRF, federal, and in-kind support. OCSC receives a federal grant for administration. The grant requires a 100% match, which is satisfied through GRF dollars and in-kind donations generated for OCSC's "Make a Difference Day" and other programs.

Implication of the Enacted Budget: The enacted budget decreases GRF funding in FY 2006 for the OCSC by 5% and an additional 5% decrease in FY 2007. The GRF reduction will shift a greater burden to in-kind donations generated from Make a Difference Day to match funds for federal grants. In the short term, OCSC may have trouble maintaining current service levels with the funding level. The OCSC is investigating ways to reduce administrative costs to prevent staffing reductions. The bill includes statutory language allowing OCSC to accept monetary gifts and donations, which will help raise funds for its programs. OCSC is hoping to raise enough funds from monetary gifts and donations to offset the GRF reduction.