An Aging State: Implications for Delivering
Long-Term Services and Supports

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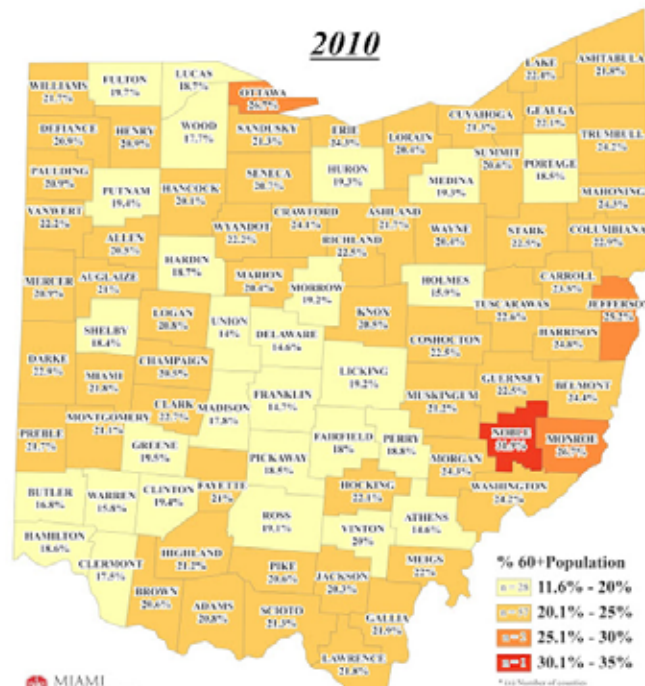# MIAMI UNIVERSITY
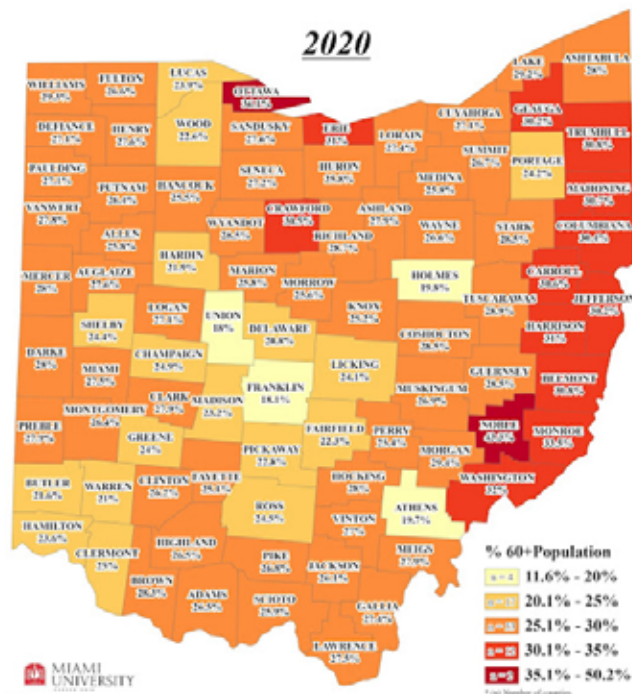### Scripps Gerontology Center
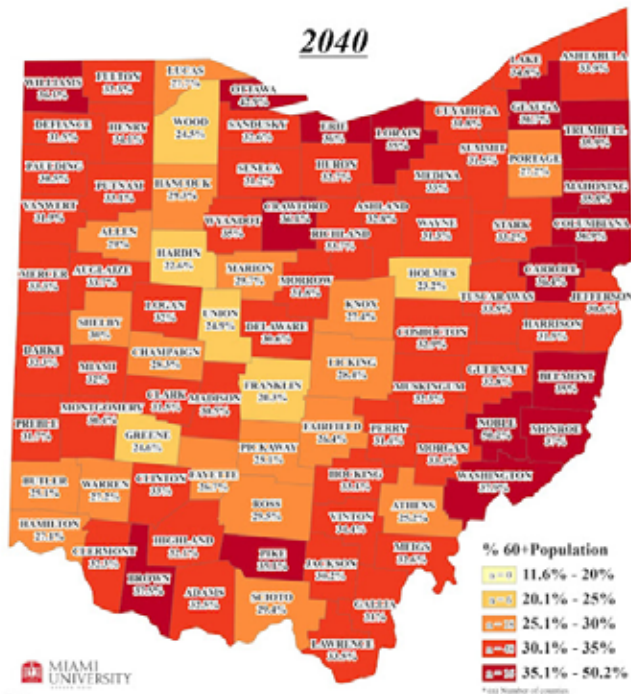

Our Aging Nation

Year	Life Expectancy At Birth			At 65	# 65+
	All	M	W		(millions)
1900	47	46	48	na	3
1930	60	58	62	11 (est)	6.7
2010	78	76	81	**19.4**	40
2040	80	79	84	**20.3**	**80**

Ohio's 60+ Population by County — 2010

Ohio's 60+ Projected Population by County — 2020

SCRIPPS Ohio's 60+ Projected Population by County
2040
% 60+ Population

Ohio's Older Population 2000 to 2040

Year	2000	2020	2040
Total Pop (millions)	11.4	11.7	11.7
60 plus	1.9 (17%)	3.0 (25%)	3.4 (29%)
65 plus	1.5 (13%)	2.1 (18%)	2.8 (24%)
85 plus	.177 (1.6%)	.270 (2.3%)	.553 (4.6%)

Ohio Demographics

- Ohio 6th largest older population in the nation
- Today --1.8 million 65 plus– 85 plus has grown by 90k in last 20 years
- Tomorrow-- 2.8 million 65 plus in 2040 Ohio (24% of Ohio's total population up from 14.1% today
- Three in ten Ohioans will be age 60 and older in 2040
- Fewer children, fewer caregivers

Aging varies a lot!

- 58% married, 28% live alone (60% women 85 plus alone)
- 12% below poverty, but 25% rate for women 85
- 5% grandchildren in the home

Marital status of the population age 65 and over, by age group and sex, 2010

■ 65–74   ■ 75–84   ■ 85 and over

Men

	Never married	Divorced	Widowed	Married
65–74	5	9	9	78
75–84	4	5	18	73
85 and over	3	3	35	59

Women

	Never married	Divorced	Widowed	Married
65–74	3	11	29	56
75–84	4	7	53	36
85 and over	4	4	78	14

Note: Married includes married, spouse present; married, spouse absent; and separated.
Reference population: These data refer to the civilian noninstitutionalized population.
Source: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement.

An Aging America: Are You Aging?

- **Gravity more powerful than kryptonite**
- **You now look like your parents**
- **You have given up hope of being a professional athlete (mostly men)**
- **You have given up hope of finding a sensitive partner (Exclusively women)**
- **You need to rely on a junior high school kid to meet your communication needs.**

Good News About Long-Term Services

Ohio has made really good progress in creating a balanced long-term services and supports system under Medicaid.

Public choice for very low income older people with disability has grown

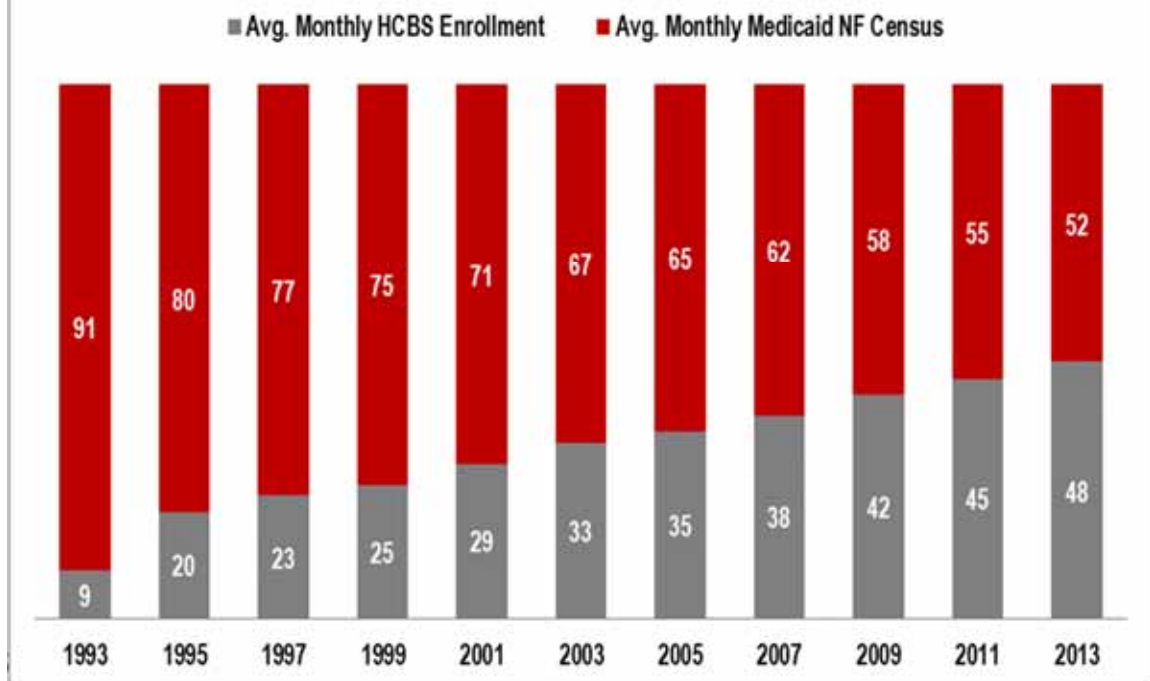Private options for high income elders have increased substantially.

Many older Ohioans have more choice about where they receive long-term services.
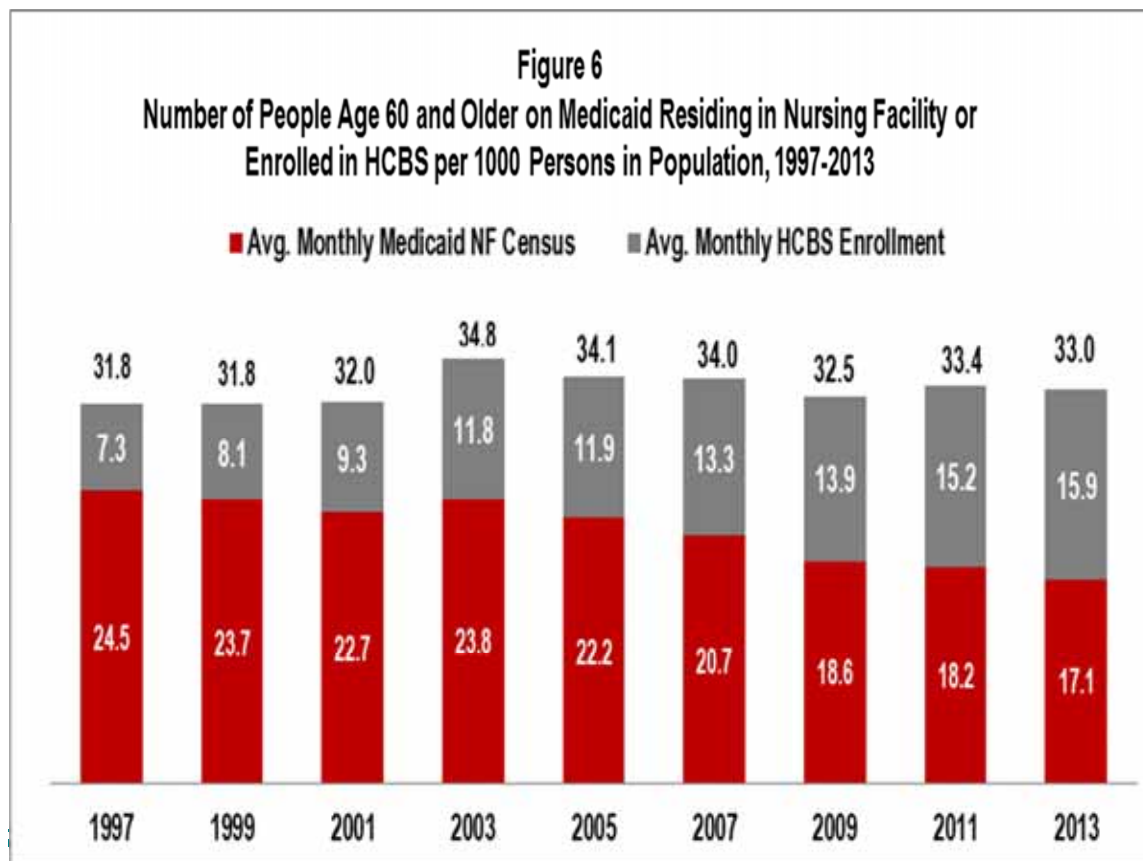
Ohio Nursing Facility Bed Supply, Admissions and Occupancy Rates, 1992–2013

	1992	1999	2001	2005	2007	2009	2011	2013
Adjusted Nursing Facility Beds[a]								
Total beds	91,531	95,701	94,231	91,274	92,443	93,209	94,710	92,787
Medicaid certified[b]	80,211	93,077	87,634	87,090	90,559	90,876	90,724	89,063
Medicare certified[c]	37,389	47,534	62,088	86,701	91,659	91,928	91,650	90,730
Number of Admissions								
Total	70,879	149,838	149,905	190,150	200,954	197,233	207,148	218,992
Medicaid resident	17,968	28,150	24,442	34,432	25,182	27,040	31,212	34,859
Medicare resident	30,359	78,856	90,693	116,810	126,528	109,315	148,426	144,959
Occupancy Rate (Percent)								
Total	91.9	83.5	83.2	86.4	87.7	84.7	83.2	83.9

Figure 4
Distribution of Ohio's Long-Term Care Services and Supports Use by People Age 60 and Older, 1993-2013

Figure 6
Number of People Age 60 and Older on Medicaid Residing in Nursing Facility or Enrolled in HCBS per 1000 Persons in Population, 1997-2013

Bad News About Long-Term Services

- As individuals we are not prepared to be disabled. Less than 10% U.S. private long-term care insurance– 40% retirees almost exclusively rely on Social Security

- As a state we rely heavily on Medicaid for LTSS and our estimates suggest the sheer growth in the older population will stress an already challenged system

Long-Term Services Use and Financing

- Nationally and in Ohio Medicaid about 25% of state budget– Ohio -- 36% allocated to LTSS
- Today 160,000 older people with severe disability– 50%-- about 80,000 on Medicaid
- In 2040, 310,000 older people with severe disability– if 50%-- 155,000 on Medicaid- Can we add 40-50% to Medicaid?

The Medicaid Paradox

- Medicaid is a key element of the Affordable Care Act– We are expanding coverage by getting low income Ohioans on Medicaid. Until 2018-- 100% paid by feds, after that 90% paid by feds
- But since most older people have Medicare, Medicaid only kicks in when disability or health crisis occurs
- So as a state we don't want Medicaid to be the default button when it is not needed
- 10% of elders in community use Medicaid
- 25% of disabled elders use Medicaid HCBS
- 66% of NF residents use Medicaid

Medicare

[17]
- Medicare Trust fund (Part A) to run out in 2030 (Part B,C D have challenges as well)
- Medicare does not work together with others and in fact cost shifting has been the norm
- Hospital re-admissions under Medicare very high
- The lack of integration with Medicaid and support services is bad for consumers --- bad for quality, bad for costs

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One Major State and National Solution is the Integration of LTCSS and Health Care

- Ohio and a number of other states have brought all Medicaid long-term services recipients into Managed Care
- The hope is that dual eligible individuals will leave Medicare fee for service for combined managed care plans
- If it works-- Could improve outcomes for individuals and lower costs
- If it does not-- outcomes not improved and costs increase Could have unintended side effect of actually expanding Medicaid participation

What's Wrong With the Current National and State Strategy ?

- Not clear that this "duals" approach can achieve the proposed outcomes
- But more importantly even if it does– it just makes Medicaid and maybe Medicare a bit more efficient
- It does not deal with the question of how can we support the 90% of non-Medicaid elders?
- Bottom Line– We need to change the Medicaid paradigm for solving this problem

System Unsustainable: Now What?

- Supports for family and other caregivers to assist older person to stay in community
- Support for communities to become more aging friendly
- Too many nursing home beds as a nation— varies dramatically– Ohio needs to right size
- Integration of Medicaid and Medicare– does not really address these issues and it could negatively impact the strong aging network in the state

System Unsustainable: Now What?

- Serious prevention – lower prevalence of disability– Good news is disability rates dropping slightly for older people– Bad news increasing for under 60 population
- Use of technology to promote more independence, even when disability occurs (low tech to high tech)
- Support for individuals with moderate level of disability and moderate income- Now pretty good system for very poor, very disabled. Wealthy ok
- 10% of 65 plus on Medicaid in community, 66% on Medicaid in nursing homes, 25% HCBS

Aging in Ohio: Health Conditions and Behaviors, 65 plus

Health conditions %	Ohio	U.S.	Ranking
Diabetes	24	22	38
Arthritis	57	52	44
Hip fractures per 1000	6.2	5.9	33
Mult chronic conditions	40	37	39
Health behaviors %			
Smoking	10.2	8.8	38
Obesity	33	28	50
No leisure physical act.	36	31	42

Policy and the Future

- Even with Medicaid changes the current system is simply not sustainable

- The current system was never designed–

- Meaningful change is very slow

- We often have policy changes with unplanned consequences. Hospital reform --new nursing home

- Short-term window where "boomer growth" remains small, before the major increase

- LTC system must be innovative and efficient--

- Heavy pressure driven by Medicaid budget concerns– But Medicaid policy needs to be a subset of state policy

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