

USING LOCAL INITIATIVES TO FUND IN-HOME SERVICES: OHIO LEADS THE NATION

June 2021

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INTRODUCTION

Both Ohio and the nation have expanded the availability of in-home services to older individuals, resulting in major improvements in the long-term services system. However, the overwhelming majority of the expansion funds are allocated through the Medicaid program, which requires that an individual be impoverished and so severely impaired that they meet the state nursing home level of care criteria. The vast majority of elders in Ohio (90%) are not financially eligible for Medicaid, and for those individuals, the federal and state government provides only limited support.¹ The federal Older Americans Act (OAA) that provides in-home support services to older people has neither kept up with inflation, nor with the exponential growth in the older population.² As a result, the program provides considerably less support today than it did in 1980. Looking to the future, current estimates project that the number of older adults in Ohio is expected to increase by 30% by 2030,³ and the demands on Ohio's Medicaid budget, which accounts for 25% of state general revenue expenditures, will continue to increase. Critics of current spending patterns suggest that limiting expenditures on the services typically funded by the OAA actually contributes to the increasing health and institutional long-term care bill in the United States.^{4,5}

Some communities across the nation have found ways to add funds to better support home and community-based services for elders through local funding initiatives. Ohio has been the national leader in this strategy, dating back to 1982, when a grassroots effort led by local advocate, Lois Dale Brown, resulted in a change in law to allow property tax levies to fund senior services. Clermont County voters then passed the first county-wide senior services levy in the state.⁶ Today, 74 of Ohio's 88 counties have countywide levy initiatives, and Ohio generates more than \$200 million in local funds to support aging services. Ohio is not the only state to have turned to local voters to help fund services for older residents. However, very little information has been available about the prevalence of local funding initiatives nationally, the services provided by these initiatives, and how these local efforts operate. In 2020, the Scripps Gerontology Center conducted a study, funded by the RRF Foundation for Aging, to learn more about locally-funded aging service initiatives across the nation. This brief focuses on the Ohio findings from that study.

Ohio is one of
15 states using
voter-approved
local funding to provide
aging services.

Ohio generates more than
\$218 million
in local funds for aging
services annually—
more than the other 14
states combined.

Services most
commonly provided
with local funding are
meals, transportation,
and homemaker.

NATIONAL STUDY & METHODS

In the national study, we used an array of resources to identify states and communities with local funding for aging services. These included: a 2019 Advancing States national survey of state units on aging asking about locally-funded HCBS programs; telephone calls to state units on aging, area agencies on aging, aging services providers, county auditor offices, and Secretary of State offices; online reviews of county budgets for special levies; and web searches for local levies and ballot initiatives. We identified about 400 initiatives at county, township, village, and city levels that generated local funds to serve elders across 15 states. In some communities, funds were used to establish a specific program with shared eligibility requirements, goals, and other characteristics. Other initiatives simply distributed funds to multiple agencies serving older adults in their geographic area, to enhance services, and/or to serve more people.

To learn about the services provided by the initiatives, in January and February 2020, we distributed an online survey to 414 organizations operating these local efforts. The survey included questions about type and amount of funding, services provided, eligibility criteria, program management, services targeted to caregivers, and interest in learning more about serving family and friend caregivers. Our national data collection yielded 228 completed surveys, which constituted a 55% national response rate. We received surveys from 63 Ohio county-wide levies, resulting in an 85% state response rate. Information about the amount of levy funds generated annually in Ohio was obtained from completed surveys. For counties that did not submit surveys, we contacted county auditors' offices to obtain the dollar amount generated annually by the levy initiative.

FINDINGS

OHIO LOCAL FUNDING OVERVIEW

Seventy-four of Ohio's 88 counties have county-wide voter-approved levies for aging services. The vast majority are property tax levies specifically for aging services, however, one county has a sales tax levy and two have umbrella human services levies that include a significant allocation for aging services. A number of counties also have township or city initiatives in addition to a countywide property tax levy; those smaller initiatives are not included in the findings presented here.

As shown in Table 1, the annual levy amounts generated range from \$108,000 to \$47 million, with a total of more than \$218 million collected for aging services in Ohio each year. Half of the levies generate less than \$1 million, and about one-third generate between \$1 and \$5 million annually. Ten counties (14%) bring in more than \$5 million for aging services each year; two of these counties have umbrella human services levies with an aging services allocation greater than \$5 million. To demonstrate the importance of Ohio's levies, in 2021 the OAA Title III allocation to Ohio was \$50 million.⁷ Even when OAA funds were augmented with CARES Act one-time funds of \$31 million, the locally-generated funds far outpaced the federal allocation (\$218 million vs. \$88 million).⁸

The amount generated annually by levies based on the number of county residents age 60 and over was also calculated. There are wide variations in the per capita resources generated by programs across the state, ranging in size from \$16 per-person age 60 and older in Pike County to \$287 per person 60+ in Belmont County. One-quarter of the 74 counties generated more than \$100 per capita 60+, three of these generated more than \$200 per capita 60+, and ten generated \$40 or less per person age 60 and older.

Table 1. Countywide Senior Service Levies in Ohio

County	Generated Annually	Per Capita 60+	County	Generated Annually	Per Capita 60+
Adams	\$255,572.00	\$37.15	Lake	\$4,677,100.00	\$73.77
Allen	\$1,000,000.00	\$38.99	Licking	\$5,504,528.00	\$131.37
Ashland	\$649,573.00	\$47.83	Lucas	\$4,350,000.00	\$43.61
Ashtabula	\$1,800,000.00	\$67.39	Madison	\$714,000.00	\$72.71
Athens	\$876,933.00	\$74.38	Mahoning	\$4,100,000.00	\$61.46
Auglaize	\$ 850,000.00	\$71.73	Marion	\$800,000.00	\$51.09
Belmont	\$5,700,000.00	\$287.44	Meigs	\$560,000.00	\$89.89
Brown	\$348,290.00	\$28.86	Mercer	\$653,926.00	\$60.72
Butler	\$10,000,000.00	\$121.92	Monroe	\$400,000.00	\$90.50
Carroll	\$454,210.00	\$57.86	Montgomery*	\$9,930,137.00	\$76.02
Champaign	\$336,686.00	\$34.60	Morgan	\$126,500.00	\$29.76
Clark	\$2,300,000.00	\$66.44	Morrow	\$399,634.00	\$44.11
Clermont	\$4,810,903.00	\$99.09	Muskingum	\$779,178.00	\$36.50
Clinton	\$1,400,000.00	\$132.95	Noble	\$256,980.00	\$78.11
Columbiana	\$910,000.00	\$31.02	Ottawa	\$800,000.00	\$59.97
Coshocton	\$800,000.00	\$81.80	Paulding	\$225,000.00	\$44.47
Crawford	\$630,000.00	\$52.90	Perry	\$420,145.00	\$48.46
Cuyahoga*	\$20,687,615.00	\$65.33	Pickaway	\$1,500,000.00	\$117.10
Defiance	\$1,140,921.00	\$111.20	Pike	\$108,000.00	\$15.95
Delaware	\$8,330,447.00	\$206.86	Preble County	\$750,000.00	\$67.63
Erie	\$1,100,280.00	\$49.76	Putnam	\$460,998.00	\$53.11
Fairfield	\$1,700,000.00	\$47.27	Richland	\$2,100,000.00	\$63.95
Franklin	\$47,000,000.00	\$201.23	Ross	\$916,000.00	\$51.61
Fulton	\$314,893.00	\$28.17	Sandusky	\$1,250,000.00	\$78.62
Gallia	\$335,632.00	\$42.86	Scioto	\$410,000.00	\$21.37
Geauga	\$3,122,103.00	\$133.32	Seneca	\$240,000.00	\$16.45
Greene	\$5,521,656.00	\$138.28	Trumbull	\$2,400,000.00	\$40.80
Guernsey	\$1,515,439.00	\$145.44	Tuscarawas	\$1,468,283.00	\$57.40
Hamilton	\$24,984,536.00	\$138.35	Union**	\$1,470,770.00	\$136.82
Hancock	\$2,200,000.00	\$123.60	Van Wert	\$244,900.00	\$33.01
Hardin	\$871,660.00	\$124.17	Vinton	\$351,453.00	\$106.50
Harrison	\$493,533.00	\$108.71	Warren	\$7,600,000.00	\$163.55
Henry	\$956,000.00	\$132.23	Washington	\$1,102,569.00	\$62.61
Hocking	\$277,000.00	\$36.84	Williams	\$1,236,000.00	\$122.62
Huron	\$1,000,000.00	\$69.74	Wood	\$1,900,000.00	\$62.71
Jackson	\$523,534.00	\$67.47	Wyandot	\$482,027.00	\$82.54
Jefferson	\$1,500,000.00	\$77.96	Total for Ohio	\$218,485,544.00	
Knox	\$1,100,000.00	\$72.13			

* Umbrella human services levy; portion for aging services shown here

** Sales tax levy

LEVY PROGRAM CHARACTERISTICS

As shown in Table 2, local program host agencies include senior centers, councils/commissions on aging, area agencies on aging, other government agencies, and other not-for-profit organizations. When asked about the host agency's overall responsibility, 91% of organizations reported providing services. About one-half said they contract for services, and about one-quarter make decisions about how local dollars are allocated.

More than 90% of Ohio programs use age 60-64 as the minimum age for service eligibility, and none of the Ohio programs require recipients to be age 65 or older to receive assistance. Almost half also use functional criteria (for example, impairments in activities of daily living such as dressing or bathing assistance) for eligibility for at least some services. Income is used for eligibility consideration in 16% of Ohio programs, however, four in ten programs indicated that cost sharing may be required for some services based on client income. Forty-two percent of locally-funded programs in Ohio reported providing case management to arrange and manage the services provided, however, 63% of programs with local funding of \$1 million or more provide case management compared to 20% of counties that generate less than \$1 million annually. (Comparative analyses were conducted on programs by size of levy, but these findings are not displayed in tables.)

Almost all programs allow use of local funds for operational expenses such as utilities, wages, building maintenance, or office supplies. Local funds are used as a match for State of Ohio dollars by about one-third of all programs, and by nearly one-half of programs with funding greater than \$1 million. Local funds are used as a match for Medicaid or other funds by about 16% of programs. More Ohio programs (59%) use local funds to match OAA dollars than is the case nationally; only 39% of programs in other states reported doing so.

Programs indicated that they use an array of approaches for monitoring the quality of services provided through the local levies. Four in five programs (81%) reported collecting data directly from consumer satisfaction surveys to assess program quality. Another common approach (70%) involves agencies conducting provider audits as a program monitoring tool. Provider certification (41%), unannounced home visits (30%), and family satisfaction surveys (29%) are also common practices used by programs. Ohio's levy programs are more likely to implement these program-monitoring strategies compared to programs in other states, where, for example, only 45% of programs use consumer satisfaction surveys and 40% conduct provider audits (national comparison not shown).

**Table 2. Ohio Levy Program Characteristics
(n=63)**

Characteristic	Percent Yes
Host agency	
Senior Center	23.8
Council/Commission on Aging	22.2
Government	19.0
Area Agency on Aging	17.5
Other Private Non- Profit	17.5
Organizational funding responsibilities (can do more than one role)	
Receives and uses funds to provide services	90.5
Receives funds and contract for services	46.0
Makes decisions about which providers receive funds	28.6
Minimum age criterion used for service eligibility	
50-59 years	8.3
60-64 years	91.7
65+ years	00.0
Management activities	
Functional criteria (such as ADL impairment) used for service eligibility	48.3
Care/case management provided with local funds	41.7
Payment or cost share for services may be required based on client income	41.0
Income criterion used for service eligibility	17.2
Family/friend caregivers allowed to hire own aide or homemaker (i.e., consumer direction)	6.9
Locally-funded program management and operations	
Local funds used for operational or administrative expenses	96.7
Local funds used as match for Older Americans Act funds	58.7
Local funds used as match for State funds	31.7
Local funds used as match for Medicaid and/or other funds	15.9
Strategies employed to monitor locally funded services (could select all that apply):	
Consumer satisfaction surveys	81.0
Provider audits	69.8
Provider certification	41.3
Unannounced home visits	30.2
Family satisfaction surveys	28.6
Other*	15.9

* Examples of "other" strategies include detailed budget reports, communication with clients and providers, NCOA/NISC Accreditation process, and governing board.

SERVICES PROVIDED TO OLDER ADULTS

Table 3 shows that more than 70% of Ohio programs reported providing meals (congregate and home delivered), transportation (medical and non-medical), and homemaker services. Service providers frequently indicated that federal OAA funds are not adequate to meet the growing demand in most communities for meals and transportation, and the use of levy funds to meet this demand is common. Personal care, adult day services, home repair, and home modification are offered by one-half to one-third of Ohio programs; these services were also identified as being in short supply with federal funding. Fewer than 30% of programs noted that they offer durable medical equipment, emergency response systems, adult protective services, or mental/behavioral health services, however, programs with levies of \$1 million or more are more likely to provide personal care (66%), adult day services (56%), durable medical equipment (44%), emergency response systems 53%, home repair (50%), home modification (50%), and adult protective services (37%). Two thirds of programs mentioned other services provided with local funds, such as fitness and wellness classes, legal services, benefits assistance, and grocery or food box availability.

Compared with programs in the other 14 states surveyed, Ohio local programs are three times more likely to provide home modification and adult protective services and twice as likely to offer home repair.

Table 3. Locally-Funded Program Services for Older People (n=63)	
Services Provided	Percent Yes
Medical transportation	87.3
Non-medical transportation	84.1
Home-delivered meals	82.5
Congregate meals	73.0
Homemaker	71.4
Personal care	47.6
Adult day services	36.5
Home repair	36.5
Home modification	33.3
Durable medical equipment	27.0
Emergency response system	27.0
Adult protective services	22.2
Mental/behavioral health services	11.1
Other*	66.7

* Examples of "other" services include fitness/wellness classes, legal services, and benefits assistance.

SERVICES TO FAMILY AND FRIEND CAREGIVERS

As shown in Table 4, three in four Ohio programs reported providing at least one service to family and/or friend caregivers with local funds. More than one-third of programs provide respite, education and training, support groups, and programs for caregivers of elders with specific illnesses or conditions such as Parkinson's or Alzheimer's Disease. Caregiver needs assessment is provided by one-third of all locally-funded Ohio programs; however this important service is provided by 47% of Ohio programs with funding of \$1 million or more, compared to 19% of programs with less than \$1 million in annual funding.

Table 4. Local Program Support for Caregivers (n=63)	
	Percent Yes
Program provides at least one service to family and/or friend caregivers	76.2
<i>Caregiver services (could select more than one service)</i>	
Respite services	41.3
Education/training programs	36.5
Programs for family or friend caregivers with specific illnesses or impairments (e.g., Parkinson's, Alzheimer's)	34.9
Assessment of caregiver needs	33.3
Family or friend caregiver support groups	33.3
Counseling programs	20.6
Coaching or care navigation programs	15.9
Other (e.g., application assistance, information/referral, salary of caregiver coordinator)	15.9
Reported eligibility criteria for family or friend to receive services	18.6
Interested in learning about service options to support caregivers with local funds	66.7

CONCLUSION & IMPLICATIONS

Ohio counties and municipalities have been successful in passing a range of community and support service initiatives at the local level, and aging services tax levies have been particularly successful. Aging services levies have been approved with high voter passage rates in counties regardless of residents' history of supporting Democratic or Republican presidential candidates. This suggests that aging services initiatives may be viewed as less partisan than many issues facing the electorate.⁹ In fact, during the six-year period 2015 through 2020, 123 aging services initiatives appeared in Ohio county or municipal elections and 98.8% were successful with voter passage rates of 70%.

Federal policy has used Medicaid as the vehicle to provide long-term services to older people across the nation. However, most older people in Ohio (91%) are not financially eligible for Medicaid and do not end up using Medicaid until severe disability results in impoverishment. Many have argued that

supportive services, such as home delivered meals, transportation, and personal care—when made available to individuals with moderate impairment—can help older people and their families maintain independence in the community, delaying or avoiding the need for Medicaid support. Local initiatives across Ohio are providing such support, and local funding combined with an array of other state changes is resulting in a reduction in the number of older people using nursing homes across Ohio.

Despite these improvements, current state and local policies continue to incentivize counties to shift eligible individuals to the Medicaid program as soon as they meet eligibility in order to save local resources. While the policy is understandable from a county resource perspective, this shift adds costs to the overall system, and efforts should be made to improve coordination between the state and local initiatives. Ohio is the national leader in the use of local funding; all efforts should be made to use these funds in the most effective manner possible.

Acknowledgements

This study was funded by the RRF Foundation for Aging and the Ohio Long-Term Care Research Project.

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