OHIO AUDITOR OF STATE
KEITH FABER

Ohio Department of Aging

Performance Audit

June 2025

To the Governor's Office, General Assembly, Director of the Ohio Department of Aging, Ohio Taxpayers, and Interested Citizens:

The Auditor of State's Office recently completed a performance audit of the Ohio Department of Aging (the Department). This service to the Department and to the taxpayers of the state of Ohio is being provided pursuant to the Ohio Revised Code § 117.46.

This audit report contains recommendations, supported by detailed analysis, to enhance the overall efficiency, effectiveness, and transparency of the Department's operations. This report has been provided to the Department and its contents have been discussed with appropriate staff and leadership. The Department is reminded of its responsibilities for public comment, implementation, and reporting related to this performance audit per the requirements outlined under Ohio Revised Code § 117.461 and § 117.462. In future compliance audits, the Auditor of State will monitor implementation of the recommendations contained in this report, pursuant to the statutory requirements.

It is my hope that the Department will use the results of the performance audit as a resource for improving operational efficiency as well as service delivery effectiveness. The analyses contained within are intended to provide management with information, and in some cases, a range of options to consider while making decisions about their operations.

This performance audit report can be accessed online through the Auditor of State's website at http://www.ohioauditor.gov and choosing the "Search" option.

Sincerely,

Keith Faber
Auditor of State
Columbus, Ohio

June 12, 2025

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Ohio Department of Aging

Performance Audit Summary

<div style="background:#1e3a1e;color:white">**WHAT WE LOOKED AT**</div>

The Ohio Department of Aging (the Department) is the designated State Unit on Aging and is responsible for managing grant funding associated with the federal Older Americans Act, Medicaid, and general statewide initiatives that impact Ohioans 60 and older. In FY 2024, the Department administered more than $700 million in grants. The programs funded by the grants provide services to Ohioans that are over 60 and eligible for social services to help them live healthy lives.

While ODA's programs and services are only utilized by a portion of Ohioans aged 60 and older, the impact is important. Programs such as Meals-on-Wheels allows older adults to have access to food and nutrition that otherwise may be homebound and unable to obtain it on their own. The PASSPORT program, which is under Medicaid, provides individuals the resources necessary to age in their home. Other services can assist with general housekeeping, transportation, and other help an individual may need as they age.

In addition, the Department houses the State Long-Term Care Ombudsman (SLTCO) Office. This entity is responsible for investigating complaints made by residents, or their family or legal guardian, of long-term care facilities such as nursing homes or rehabilitation facilities. In addition to investigating and resolving complaints, the SLTCO makes routine visits to these facilities to ensure safe and acceptable living conditions.

Over the course of the last several years, there have been several changes at the Department. In particular, data systems have been updated and new initiatives, such as the Nursing Quality Navigator have been implemented. The Department itself has gone through reorganization and is addressing internal staffing needs. Finally, at the federal level, guidance for the Older Americans Act was recently updated for the first time in decades and other programs are expanding.

We looked at the Department's internal staffing, communication practices, data management, and planning policies. In addition, we reviewed the operations of the SLTCO. While the SLTCO is contained within the Department, it is considered an independent unit. As the Department is in a period of expansion and change, the audit focused on areas that could provide opportunities for improvement both in internal operations and external communications and program outcomes.

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WHAT WE FOUND

As the State Unit on Aging, the Department is the head of the aging network in Ohio. The aging network is comprised of the Department along with 12 local Area Agencies on Aging (AAAs) and is supported by volunteers and service providers across the state. The state operates the aging network in a decentralized manner, as required by federal law. This means that while the Department provides funding to the AAAs to administer programs, the AAAs have autonomy, within the scope of the grant agreements, to use these funds in the manner it deems appropriate to serve the community.

We found the relationship between the AAAs and the Department to be strained, particularly with respect to communication concerns. Some of this is potentially due to high turnover at the Department over the past several years leading to confusion from the AAAs as to who to contact for questions on particular areas.

While the Department has taken steps to modernize data systems, we found that it must continue to work on data collection and management practices to ensure the information it collects is accurate and useful and so that entities within the aging network have as much information as possible with which to make strategic decisions. It is possible to utilize data submitted by the AAAs to strategically guide programming to achieve identified goals and objectives, but the Department lacks the ability to do so in its current state.

The Department's state-wide plan on aging, which is a multi-year plan with goals and objectives was extremely broad. Many of the goals focused on areas where the Department would have minimal to no impact; for example, one of the goals was to improve the quality and affordability of housing.

The SLTCO has been an area of focus within the Department in recent years. The Nursing Home Quality and Accountability Task Force was initiated by the Governor in 2023 and was intended to provide recommendations to improve the quality of care provided in nursing homes throughout Ohio. The task force's recommendations were developed into a strategy document to address the identified issues. To support the implementation of these recommendations and strategies, the SLTCO received additional funding which was used to hire additional staff and take on other improvements. While some changes have occurred, we identified other areas where further improvements can be made. In particular, we found that the SLTCO did not actively track data related to forms it receives from long-term care facilities. While tracking and utilizing this data is not required, it is a missed opportunity to improve operations and guide strategic decisions at the statewide level. In addition, we found the SLTCO lacked a formal strategic plan and had not filed a required annual report in more than five years.

KEY OBSERVATIONS

Key Observation 1: The population of people aged 60 and over in Ohio is growing both in total and as a proportion of the total population. However, while the population is growing, the funding available for programs and services to support these individuals has largely stayed stagnant over the past 20 years. Because of this, there is a risk that individuals who may be eligible to receive services funded through the Department do not have access to them.

Key Observation 2: The Department has seen high levels of turnover in recent years, which was noticeable during the audit when attempting to interview key personnel. In many strategic areas of the Department, the Director had to provide information. In some instances, the Director was the only person that could comment on the topics being discussed. While the Department has taken steps in recent years to address staffing challenges, including reorganizing the organizational structure, developing all staff trainings, and focusing on staff engagement and appreciation, the lack of institutional knowledge was felt by the audit team and, at times, impacted our ability to efficiently conduct audit work.

Key Observation 3: Operating in a decentralized manner requires clear communication. In particular, communication is important for the Department as it manages many grant programs that have specific guidance. However, we found that there appear to be communication challenges, particularly between the Department and the AAAs, which receive the bulk of funding dispersed by the Department. These communication issues impact the relationship between the entities and ultimately, the citizens receiving benefits.

Key Observation 4: The Department received funding from the American Rescue Plan Act (ARPA) that were used to provide additional support to the 60 and over population. Some of this funding was used to update internal data systems, which should improve the Department's overall operations. In addition, ARPA funding was used for more one-time expenditures such as the Healthy Aging Grants, which provided funding to local agencies for programming specific to the 60 and older population, and to expand Adult Day services, which provide supervised, daytime programs in a community setting or adults who need assistance as a more flexible alternative to traditional long-term care. With ARPA funds dissipating, the supply and demand gap will continue to widen within the aging space, a clear example being for Adult Day service providers as 51 entities were approved but only 22 projects were funded leaving more than 30 providers in this space with approved plans but no funds to carry them out.

SUMMARY OF RECOMMENDATIONS

Recommendation 1: High employee turnover generally requires an organization to spend additional dollars recruiting and hiring replacements. In addition, it can cause lower productivity, office morale, and customer satisfaction. Between FY 2017 and 2024, ODA had a higher employee turnover rate than similar state agencies in six out of eight years. The Department was able to produce exit interview data from only two interviews during this time-period, and it was therefore not possible to determine a reason for the higher-than-average turnover rate. The Department should collect and maintain exit interview data. This data should then be used to regularly analyze trends and identify potential root causes of employee turnover so that ODA can undertake improvement efforts.

Recommendation 2: As the State Unit on Aging, ODA is required by federal law to periodically develop a multi-year state plan on aging with goals, objectives, and strategies for achieving outcomes designed to assist older Ohioans, their families, and caregivers. The most recent plan covers 2023 through 2026 and focuses on broad health, wellness, and economic metrics. While these broad goals may fall within the mission of the Department, the state plan on aging, as directed by the ACL, is supposed to have objectives that are attainable. We found that some objectives within the Department's state plan on aging were not determined to be attainable based on the scope of ODA's impact on the aging population. In developing future state plans, the Department should consider objectives that are tied to programs it impacts or other Departmental efforts. It should also ensure objectives are reasonable to achieve and institute a formal process where progress towards goals is tracked and measured throughout the plan period. Finally, the Department should work to include key constituents as it builds the next multi-year plan to ensure buy-in from agencies responsible for implementing any programs related to goals or objectives outlined in the plan.

Recommendation 3: The decentralized structure of the Aging Network in Ohio requires communication both between ODA and AAAs and other stakeholders. We found that several key stakeholders had concerns regarding the level and clarity of communication from the Department. The Department should work to develop an action plan with communications methods that allow for regular collaboration and sharing of information at all levels of the Aging Network. In doing so, the Department will allow for improved collaboration, increased buy-in from stakeholders, and reductions in service delays. In addition, the Department should routinely review the effectiveness of communication efforts and seek feedback from stakeholders to ensure that improvement efforts can be implemented effectively.

Recommendation 4: Employees of AAAs require access to state-owned and managed data systems to complete certain job functions. During the audit, we found that to obtain access to systems owned by the Ohio Department of Medicaid, AAA employees are required to submit requests through ODA. We observed that this approval process has delays, restricting AAA employees' abilities to perform job functions. It is unclear what benefit ODA provides to the approval process, and Department officials were unable to provide a reason for why ODA became involved. The Department should review the current access approval process for ODM systems and identify how it can add value. If it is determined that ODA

cannot add value, the Department should remove itself from the process and allow AAAs to communicate directly with ODM for systems access.

Recommendation 5: The Department is required to submit a State Performance Report (SPR) to the Administration for Community Living (ACL) on an annual basis. This report summarizes the services delivered, expenditures made, and consumers served under OAA programming in a federal fiscal year. These services are grouped into categories and ACL identifies the unit of measurement for the categories. The data used to compile the SPR could be used by the Department to conduct a variety of analyses to better understand programmatic outcome both on a region by region and statewide basis. However, we found two key issues that prevent this from happening:

- Historical information regarding how data is grouped into the categories designated by ACL is not maintained by the Department. This means that it is not possible to take the data from previous years and recreate the information in the SPR. This is problematic as it limits the ability to confirm the reliability of information contained in the report.
- The system used to collect data historically allowed AAAs to create new services and pick the associated unit labels, which has allowed services to be logged in a unit type that does not match the service category it's tied to. For example, a AAA may have added a new service tied to case management and recorded it as assessments when the ACL measures that service category as hours. This results in the potential for the information being reported by AAAs under the same service category to be utilizing different units of measurement, making comparisons ineffective. In addition, ODA must take this information and roll it up into the service categories identified by ACL, but when different units are recorded, the roll-up may be inaccurate.

The Department should work to correct these issues so that it can improve the quality and accuracy of the data collected for the SPR. This will allow ODA to utilize the data to identify trends and best practices at the regional level that would then assist with the strategic deployment of resources. As the Department considers a new data collection system, it should work to ensure these issues are addressed in the development of any new platform.

Recommendation 6: In recent years, ODA has made efforts to improve its data collection and utilization for strategic decision-making. Still, there are data elements that ODA does not collect, utilize, and/or publish that would assist both the Department and outside parties in decision-making. The Department should publish a webpage, dashboard, or one-pager that displays the numbers of older Ohioans served by the various programs under its authority in a singular location. In this, ODA should incorporate a service gap element, pulling in population data to show the number of individuals it serves in context with the entire population of older Ohioans. Further, ODA should regularly collect and utilize waitlist data by region and by service to better understand regional needs. Levy data by county could also be useful in understanding the available resources at a regional level. Finally, ODA should create and publish a list of all senior centers in the state. ODA should continue its data analytics efforts and explore collecting, utilizing, and publishing data elements beyond those specifically mentioned in this recommendation.

Recommendation 7: The State Long Term Care Ombudsman is required by ORC § 173.17(A)(8)(a) to prepare and submit an annual report to the Governor and other officials with information including the complaints and issues raised by or on behalf of residents of long-term care facilities in Ohio. The report is also required to include recommendations for any policy, regulatory, or legislative changes that might help to resolve issues and improve the quality of care and life for residents. The last annual report

prepared by the SLTCO was prior to 2020. To improve the transparency of the SLTCO, it should prepare and publish the required annual report in a timely manner.

Recommendation 8: Prior to an individual being transferred or discharged from a skilled nursing facility, it must send a copy of the notice to the SLTCO. There are various methods by which the SLTCO receives discharge notices and there is no regulation requiring that data be tracked or utilized. Prior to the audit, the SLTCO was collecting data related to discharge notices, however, in 2024, the SLTCO stopped internal tracking related to the notices. Because the SLTCO is not tracking the discharge notices, it is missing out on an opportunity to gather data that would be useful to improving the experience of residents. The SLTCO should work with relevant stakeholders to carry out an effort to create a template discharge form to standardize the format in which notices are submitted and also the data that is provided by each facility. In doing so, the SLTCO can improve data quality and improve the experience of Ohioans living in these facilities.

Recommendation 9: A formal strategic plan helps organizations make decisions that will benefit long-term goals. Currently, the SLTCO does not have a formalized strategic plan that aligns with the long-term goals of the Office. Further, the SLTCO has not established state-level performance indicators that align with the metrics being utilized by the regional offices. The SLTCO should develop a formal strategic plan and implement performance indicators that tie to goals identified in the plan. Data related to the performance indicators should be collected and measured to routinely assess the overall performance of the SLTCO program.

Glossary

Administration for Community Living (ACL): Administration within the U.S. Department of Health and Human Services focused on advancing independent living and community engagement for older adults and people with disabilities.

Aging Network: National system of federal, state, and local agencies that are responsible for the provision of services for individuals aged 60 and older.

Area Agency on Aging (AAA): Regional organization that coordinates local services and supports for older adults and people with disabilities in their communities. Services and supports offered include health and nutrition education, home delivered meals, volunteer opportunities, transportation, home repair and maintenance, and caregiver resources.

Assisted Living Medicaid Waiver Program: Covers the cost of care in assisted living facilities for eligible individuals enrolled in Medicaid.

Healthy Aging Grants: Federal grants funded through the use of Coronavirus State and Local Fiscal Recovery Funds. Each county board of commissioners was provided a one-time grant, a portion of which was to be used on food assistance, housing assistance, and digital literacy.

National Family Caregiver Support Program (NFCSP): Federal program that provides grants to states and territories to fund supports that assist family and informal caregivers for older adults.

Nursing Home Quality and Accountability Task Force: A group of experts in aging and long-term care appointed by Governor DeWine to improve the quality of care provided at nursing homes in Ohio.

Nutrition Services Incentive Program (NSIP): Federal program that provides grants to states and territories to support home-delivered nutrition programs.

Ohio Department of Aging (ODA): A cabinet-level agency with a Director appointed by the Governor and approved by the senate. It is the State Unit on Aging for the State of Ohio, as required by the Older Americans Act. The Department offers resources for older Ohioans, caregivers, and professionals in the aging network.

Ohio Department of Medicaid (ODM): A cabinet agency-level responsible for providing healthcare coverage to Ohioans with limited income and resources.

Older Americans Act (OAA): Legislation passed by Congress in 1965 to ensure all older Americans have access to necessary social services. This law established the federal Administration on Aging to administer federal grant programs and advocate for the elderly.

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PASSPORT: The Pre-Admission Screening System Providing Options and Resources Today (PASSPORT) program is one of Ohio's Medicaid waiver programs and helps eligible older Ohioans access long-term care in their homes or communities. Services include personal care and homemaker services, independent living assistance, minor home modification, emergency response, medical equipment and supplies, and transportation.

Planning and Service Areas (PSAs): Regional areas designated by ODA for the provision of services to older adults. Each PSA has an Area Agency on Aging.

Program of All-Inclusive Care for the Elderly (PACE): A managed care model that provides participants with medical care and ancillary services in institutional and community settings. Services include primary and specialty care, inpatient hospital care, prescription drugs, occupational and physical therapy, and nursing home care.

State Long-Term Care Ombudsman (SLTCO): Office responsible for working to resolve problems related to the health, safety, welfare, and rights of individuals who live in long-term care facilities such as nursing homes or assisted living facilities and support individuals in community based and in-home settings.

State Units on Aging (SUA): Established by the OAA, these are state-level agencies that are responsible for distributing and administering federal funds and advocating for older residents and adults with physical disabilities. The Department of Aging is Ohio's SUA.

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Introduction

There are nearly 3 million residents of Ohio that are over the age of 60. As they age, these individuals may require additional support to live healthy and fulfilling lives. In 1965, the Older Americans Act (OAA) was passed by Congress to ensure all older Americans would have access to these necessary social services. Under this new law, the Administration on Aging was established to administer grant programs for state funding and to advocate for the elderly on the federal level. Since 1965, the law has gone through several changes and reauthorizations but continues to be a source of support to the elderly community providing a wide variety of services to older Americans and their caregivers such as transportation and food assistance along with caregiver support and general information.

Under the OAA, individuals 60 and older are eligible for services. These services are provided by a national network of federal, state, and local agencies known as the aging network. At the state level, there is a State Unit on Aging (SUA) that is responsible for strategic planning, advocating on behalf of older residents, and distributing and administering federal funds largely through the development and administration of multi-year state plans that advocate for and provide assistance to older residents and their families. In Ohio, the SUA is the Department of Aging (ODA or the Department). As the SUA, the Department has historically received praise from the regional office of the federal Administration for Community Living for carrying out its responsibilities under the OAA.

Ohio first began providing services under the OAA through the Administration on Aging housed within the Department of Mental Health and Hygiene and Corrections in 1965. The programs and services offered in Ohio expanded and eventually the Ohio Department of Aging was established in 1984. Today the Department administers programs under the OAA along with others funded by Medicaid and other sources.

The Ohio Auditor of State, through its Ohio Performance Team (OPT), is required by Ohio Revised Code (ORC) § 117.46 to complete at least four performance audits of state agencies or, at its discretion, institutions of higher education during each biennium.[1] In February 2024, OPT initiated a performance audit of the Department as a part of this requirement. The audit was designed to provide insight into the overall efficiency, effectiveness, and transparency of the Department's operations. This report contains findings from our audit and recommendations which will assist Department management in making operational decisions.

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[1] Performance audits are conducted under Generally Accepted Government Auditing Standards, for more information please see **Appendix A**.

Ohio Department of Aging

The Department is a cabinet level agency that was established in 1984 and is overseen by a Director that is appointed by the Governor and approved by the senate. In FY 2024, the Department had approximately 116 employees. As the dedicated State Unit on Aging, the Department is responsible for overseeing the Aging Network in Ohio and distributing funding to the 12 Area Agencies on Aging (AAAs) located throughout the State. In addition, the Department is responsible for the PASSPORT and Assisted Living programs, PACE, and other state initiatives related to the aging population. The chart below provides an overview of some of the services overseen by the Department and is intended to be illustrative rather than comprehensive.

Ohio Department of Aging Programs

Older Americans Act

WHO?	PROGRAMS
• Elder Connections Division • Long Term Care Ombudsman	• Title III- Grants for State and Community Programs on Aging • Title V- Community Service Senior Opportunities Act • Title VII- Vulnerable Elder Rights Protection Activities

Medicaid Waivers

WHO?	PROGRAMS
• Division for Community Living	• Assisted Living • PACE • PASSPORT

Other State Responsibilities

WHO?	PROGRAMS
• Many ODA divisions work together for these operational areas	• Adult Day Services, Alzheimer's Respite • Alzheimer's Disease and Other Dementias Resource Program • Golden Buckeye Card • Regional Rapid Response and Assistance Program • Senior Farmers Market Nutrition Program

Source: ODA and Older Americans Act

The federal government does not specify how a state should organize its aging network. Under the OAA, the SUA must designate an Area Agency on Aging (AAAs) to coordinate services and programs for older citizens.[2] Ohio has chosen to divide the state into 12 regions, each with an independent AAA. While the Department is responsible for overseeing the network as a whole and advocating for all older Ohioans, the local AAAs are responsible for the coordination of day-to-day support for older adults in their communities.

The aging network within a state is structured to have both a state and local presence through the SUA and AAA system. Within Ohio, there are multi-county regions known as planning and service areas (PSAs) that each have a AAA. While it provides funding in the form of grants, each AAA is responsible for its own day-to-day operations. The AAAs have a responsibility to report on their activities to the Department of Aging. ODA monitors each AAA to ensure grant awards are used properly and in compliance with state and federal statutes. The results of monitoring reviews are communicated to AAAs, and any identified deficiencies (non-compliance) requires a AAA to develop a corrective action plan (CAP) to correct the deficiency by a determined deadline.[3] This decentralized format is meant to allow for the representation of each region and allow for programs to be tailored to meet specific needs of older Ohioans in their respective locale. Further, while the regional set-up was guided by the OAA, it is important to other operational areas of the Department outside of OAA programs and services.

The Department's staff are divided into broad categories, each of which ultimately report to the Director. In addition, the Department houses the Board of Executives of Long-Term Services and Supports, which develops and enforces standards for nursing home administrators and maintains a register of all licensed nursing home administrators and trainees.

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[2] Per ORC § 173.011, which references the Older Americans Act of 1965, 79 Stat. 219, 42 U.S.C. 3001 amendment, the Department of Aging may divide the state into separate multi-county regions known as planning and services areas. Each must have a designated public or nonprofit entity to be the area's agency on aging.
[3] Failure of a AAA to implement an ODA-approved CAP, or a scenario in which immediate corrective action is necessitated (laws or agreements, consumers' health, safety or welfare, or protecting state or federal dollars), could result in corrective actions from ODA up to the termination of grants and contracts or the withdrawal of the designation of AAA per OAC 173-2-06.

Ohio Department of Aging Table of Organization
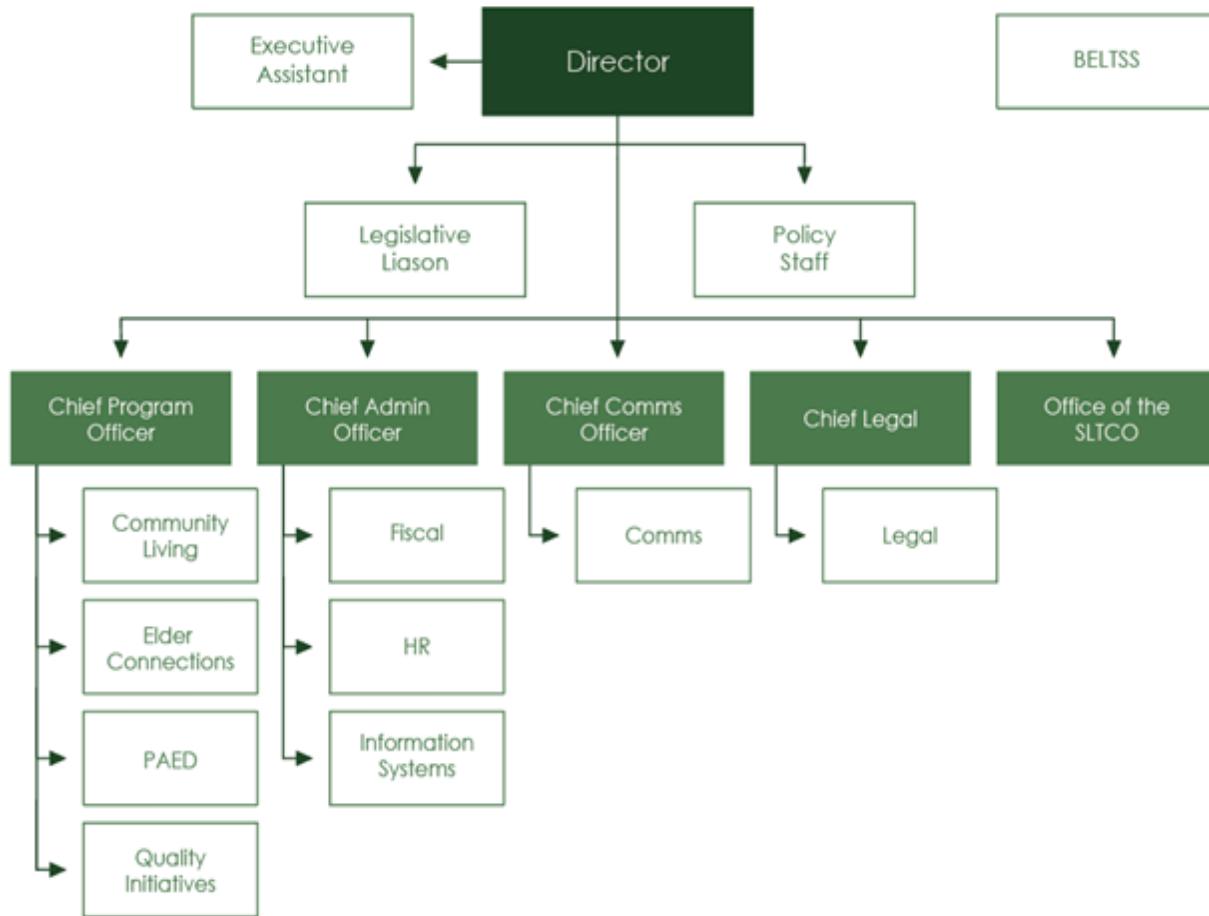
There are multiple divisions within the Department that each support the Department's mission. These divisions provide a variety of functions that ensure the general operations of the Department as well as support the AAAs providing services to the aging population in Ohio.

Executive Division: Directs the Department as a whole. Staff advocate on behalf of the Department, set goals and strategic plans, guide policy at the state level, and create budgets for the Aging Network.

Communications and Government Outreach Division: Coordinates media outreach and public education efforts. Staff create and distribute resources for general consumption including articles, newsletters, and social media posts.

Division for Community Living: Manages home and community-based services for seniors and other individuals that qualify for such care. Staff operate long-term care programs funded by Medicaid, state funds, and other grants such as the PASSPORT Waiver program, the Assisted Living Waiver Program, and PACE.

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Elder Connections Division: Operates community services and supports paid for by the OAA and other sources. These services include transportation, caregiver support, and food assistance.

Fiscal Division: Monitors the programs and entities that receive funding from the Department to ensure proper use of grant funding.

Human Resources: Supports the Department's workforce and are responsible for hiring, overseeing labor relations, and managing personnel policies.

Information Technology: Supports the technological needs of both the Department and the Aging Network. Staff are responsible for designing and maintaining computer equipment and software systems.

Office of the State Long-Term Care Ombudsman: Safeguards the rights of individuals served by long-term care facilities throughout Ohio. The functions of the Ombudsman are carried out by 12 independent but state-designated offices throughout the state that serve the day-to-day needs of individuals living in long-term care facilities and support individuals in community based and in-home settings. The primary focus for the Ombudsman is advocacy, complaint resolution, and education. While contained within ODA, this Office must maintain independence in accordance with federal regulations.

Program Analytics and Evaluation Division (PAED): Designs, develops, and maintains data products and helps the Department align itself with state-wide data-driven government goals.

Quality Initiatives Division: Provides technical assistance to those operating long-term care facilities. The Division tracks quality standards performance for nursing facilities in Ohio along with best practices for nursing facilities and assisted living facilities generally.

Financial Background

The Department primarily distributes and administers funding for programming rather than providing direct services to individuals 60 or older. In FY 2024, the most recent fiscal year, only 14 percent of expenditures were related to operating costs. The remaining 86 percent of expenses for ODA were in the subsidies shared revenue expense category[4] which represents pass through funds. In addition to the budget appropriation, ODA also administers Medicaid programs. Funds for these programs are appropriated to the Ohio Department of Medicaid but are passed through to AAAs by ODA to provide reimbursements to providers.[5]

Older Americans Act Title III Funding

As the SUA, the Department receives funding for OAA programming from the federal government. In FFY 2024, ODA received $60.3 million in OAA funding. The Act uses statutory funding formulas to determine allotments to entities under four major titles.[6] Largest of all is Title III, which accounted for 73 percent of the total FY 2019 discretionary appropriations nationwide. Within Title III, states receive separate allotments of funds for six programs: supportive services and senior centers, congregate nutrition services, home-delivered nutrition services, the Nutrition Services incentive Program (NSIP), disease prevention and health promotion services, and the National Family Caregiver Support Program (NFCSP). Over the past 20 years, the total dollar amount provided by the federal government has not kept up with inflation while the population of individuals 60 and over in Ohio has grown. As a result, OAA Title III funding on a per-resident basis has declined, as seen in the chart on the following page.

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[4] Per FY2024 agency overview on checkbook.ohio.gov.
[5] ODA receives an appropriation to cover administrative expenses related to the Medicaid programs.
[6] Title III: Grants for State and Community Programs; Title V: the Community Service Senior Opportunities Act; Title VI: Grants for Older Native Americans; Title VII: Vulnerable Elder Rights Protection Activities.

OAA Title III Funding per 60+ Resident, Ohio, FYs 2004-2023
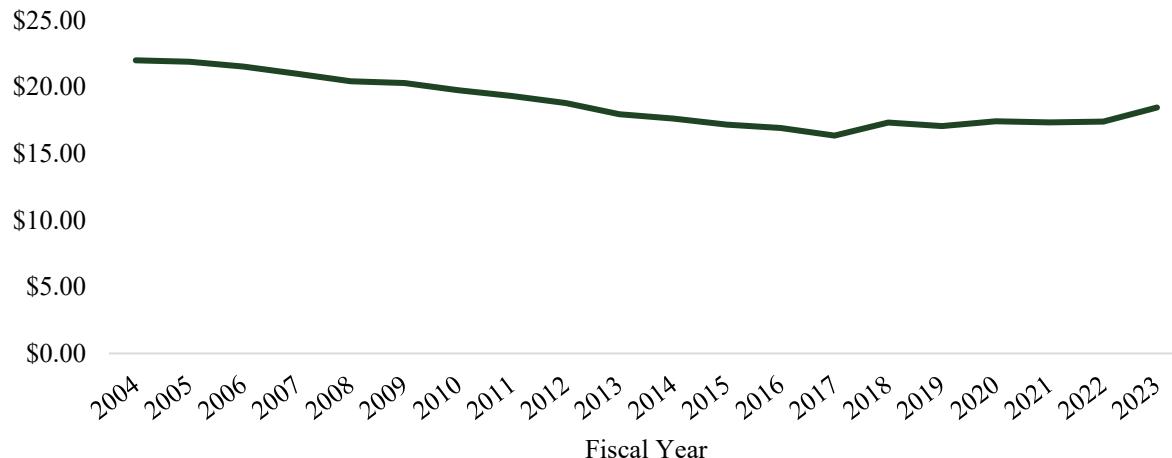
This trend is not unique to Ohio. As the total population of those 60 and over has increased nationwide, OAA Title III funding has not increased at the same pace. When combined with inflation, this could result in fewer services being offered by providers.[7]

Medicaid Contract

In addition to OAA funding, the Department manages the PASSPORT and Assisted Living HCBS reimbursement programs on behalf of the Ohio Department of Medicaid (ODM). The Department also performs level of care determinations for individuals seeking nursing facilities services for ODM and administers the Program of All-Inclusive Care for the Elderly (PACE) program. While the program funds associated with these components are housed within ODM's budget, ODA does receive budget appropriations to cover administrative expenses related to these programs.[8] These activities are conducted under an interagency agreement under ORC § 5162.35.

FY 2024 Revenues and Expenditures

In FY 2024, ODA received approximately $173 million in budget appropriations from the General Assembly. This was significantly higher than its budget appropriation of approximately $100 million in FY 2023, partially due to one-time Healthy Aging Grants. In FY 2024, the General Assembly allocated $40 million in funding for Healthy Aging Grants. These grants were funded through the use of Coronavirus State and Local Fiscal Recovery Funds from the federal government. Each county board of commissioners was provided a one-time grant for programing

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[7] FY 2004: 60+ Population- 48.9M, OAA Title III- $1.73B (inflation adjusted)   FY 2023: 60+ Population- 80.5M, OAA Title III- $1.49B
[8] Until FY 2012, PASSPORT funds beyond those for administrative purposes were present within ODA's budget.

that was completed by September 2024. A portion of grant funding was to be used on food assistance, housing assistance, and digital literacy.[9]

ODA Appropriations by Fund Group, FYs 2018-2025

	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025
Federal	70.9M	70.9M	72.7M	72.8M	76.9M	71.4M	91.8M	76.0M
General	14.9M	14.9M	19.3M	20.8M	22.5M	22.5M	25.3M	25.4M
Dedicated	5.7M	5.7M	5.7M	5.7M	5.0M	6.0M	56.0M	14.3M
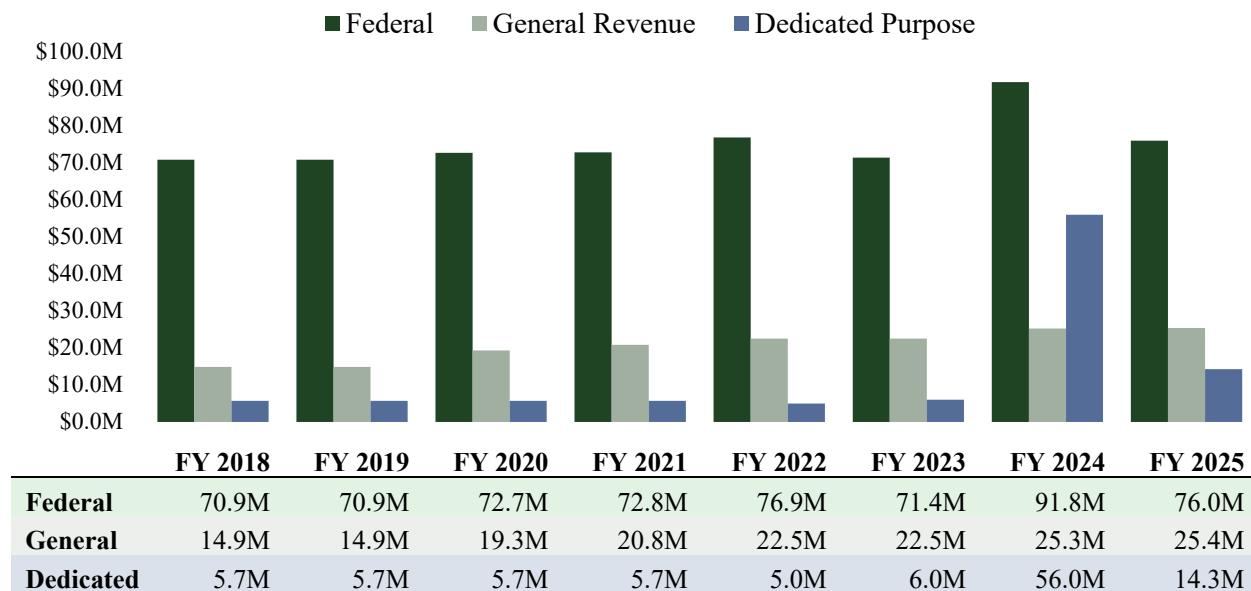
Source: ODA Greenbooks, LSC

In addition to the Department's direct budget appropriation, it also managed approximately $578 million in waiver reimbursements related to the Medicaid contract discussed above. These funds were used for the PASSPORT and Assisted Living programs which are Medicaid waiver programs that fall under the Department's Authority. The chart on the following page shows a high-level breakdown of the expenditures under the Department's administrative authority in FY 2024, both those appropriated to the Department directly and those contained within the ODM budget.

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[9] The Department is currently working with a third party to assess the success of the programs provided using Healthy Aging Grants. The third party is expected to produce a report on findings. Due to this, the Healthy Aging Grants were not included within the scope of this audit.

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Expenditures under ODA's Authority, FY 2024

Total: $760.5M

- **Medicaid Waiver Reimbursement to PAA**
  $578.3M (76.0%)
- **OAA Grant Paid to AAA**
  $69.9M (9.2%)
- **Other Grant Paid to AAA**
  $17.2M (2.3%)
- **Grant Paid to Entity Other than AAA**
  $70.2M (9.2%)
- **ODA Administration**
  $22.1M (2.9%)
- **ISTV**
  $2.9M (0.4%)
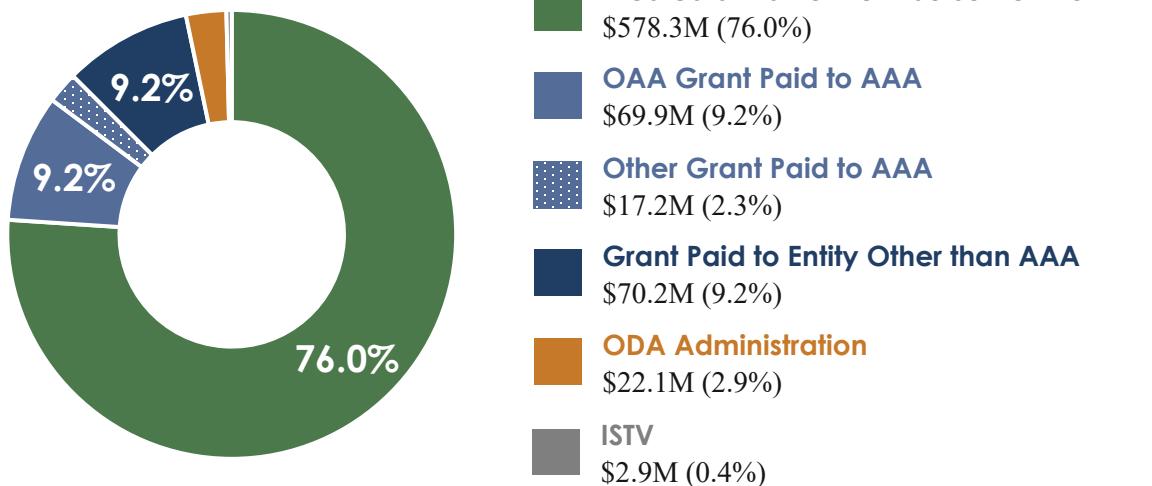
Source: OAKS BI

Note: There are 13 PASSPORT Administrative Agencies (PAAs) in Ohio; 12 of these also serve as Area Agencies on Aging (AAAs).

As seen in the graphic, the vast majority of the Department's expenditures are passed through to service providers, specifically the AAAs or the PASSPORT Administrative Agencies (PAAs).

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Ohio Aging Network

The National Aging Network, which was established under the OAA, encompasses 56 State Agencies on Aging 615 Area Agencies on Aging, and more than 290 Title VI Native American aging programs. In addition, the Network is supported by thousands of service providers and volunteers. Ohio is divided into 12 regions, as seen in the map below. These regions have both a AAA and a Long-Term Care Ombudsman Program that receive funding from ODA and provide services to eligible residents of the region.

The 12 regions are shown in the map on the following page. In addition to the map, there is detail regarding the regional AAAs including the estimated population of individuals 60 and older, the approximate annual funding received through ODA[10], and the number of staff. While the AAAs do receive a large amount of funding through ODA, other funding sources are also available including local taxes.

Ohio Regional OAA Map

REGION 1 | $37.6M	
412 Staff	**405k** 60+ Population

REGION 2 | $38.1M	
160 Staff	**307k** 60+ Population

REGION 3 | $19.6M	
151 Staff	**93k** 60+ Population

REGION 4 | $24.6M	
207 Staff	**235k** 60+ Population

REGION 5 | $38.3M	
142 Staff	**139k** 60+ Population

REGION 6 | $128.4M	
382 Staff	**428k** 60+ Population

REGION 7 | $70.6M	
201 Staff	**110k** 60+ Population

REGION 8 | $20.6M	
65 Staff	**69k** 60+ Population

REGION 9 | $56.6M	
166 Staff	**129k** 60+ Population

REGION 10a | $64.9M	
362 Staff	**570k** 60+ Population

REGION 10b | $48.2M	
263 Staff	**321k** 60+ Population

REGION 11 | $23.6M	
171 Staff	**186k** 60+ Population

Sources: O4A; ODA; U.S. Census Bureau; AAA Form 990s and annual reports

Note: Amounts of funding received through ODA are from FY 2024, staff counts are mostly from CY 2021, and population counts are from CY 2023.

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[10] Inclusive of Medicaid waiver reimbursements.

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Area Agency on Aging

The AAAs, which can be public or private nonprofit agencies, have been designated by ODA to address the needs and concerns of all older persons in their regions.[11] The AAA can provide services to help individuals stay in their home, such as meals-on-wheels, transportation assistance, homemaker assistance, or other services that make independent living possible. In addition, the AAAs may help individuals enroll in benefit programs, help to prevent elder abuse, and provide senior center programming and activities.

The map above helps to demonstrate how each AAA is unique. Depending upon which region one examines, there could be between four and ten counties, a 60+ population ranging between 69,000 and more than 500,000, and AAA staff to totals ranging from 65 to 412.[12] Similarly, the funding levels vary across the 12 regions. Some AAAs rely heavily upon 10s of millions of dollars in levy funding, while others receive no levy funding at all. FY 2024 grant totals ranged from $20 to $128 million across the regions.[13] Beyond these typical sources, some AAAs receive donations.

As seen in the chart on page 10, in FY 2024 the AAAs received a combined $578 million in pass through funding from ODM for the ODA administered Medicaid programs. Of the remaining funds distributed to AAAs, approximately $70 million were OAA Title III funds, which are allocated to AAAs based on an intrastate funding formula designed by ODA.[14] With these funds, AAAs contract with providers to provide services based on allocation requirements and local need. Additional programs the AAAs receive funding for include Alzheimer's and Other Dementia Respite, and money from the Senior Community Services line item which allows for some flexibility in allocation.

State Long-Term Care Ombudsman

Under the Older Americans Act, the long-term care ombudsman is responsible for working to resolve complaints and systems issues related to the health, safety, welfare, and rights of individuals who live in long-term care facilities such as nursing homes or assisted living facilities. While each state is required to have a long-term care ombudsman program, there is variation in how it may be administered within individual states. Generally, a program can run in a centralized or decentralized manner. Under a centralized program the activities of the

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[11] Regions within the state, known as Planning and Service Areas (PSAs), are determined by ODA via ORC § 173.011.
[12] Staffing levels reflect most recent obtainable values for each AAA, most of which were from 2021.
[13] Inclusive of Medicaid waiver reimbursements.
[14] The intrastate funding formula (IFF) is displayed as Attachment C within the State Plan on Aging. Title III funding is based on elements such as a base grant and population factor weights. Title VII Ombudsman funds are based on percentage of current year licensed nursing home and residential care facility beds, licensed by the Ohio Department of Health, and class 2 residential facilities, licensed by the Ohio Department of Mental Health and Addiction Services. Title VII Elder Abuse Prevention funds are allocated to the AAAs based on population aged 75 and over and square mileage.

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ombudsman would run through a single office with control over the entire state. Under a decentralized program the activities of the program run through multiple offices throughout the state. In Ohio, the SLTCO is operated in a decentralized manner.

At the state level, there are 19 FTE employees at the Department responsible for managing the Program. These individuals perform administrative functions including the data collection, advocacy to the General Assembly, and the ensuring the appropriate distribution of funds to the regional office. At the regional level, the SLTCO's 12 regional offices have a combined total of 97 FTE employees who, along with volunteers, carry out the major tasks of the program which include state-certified advocates investigating complaints, routine visits being conducted at each facility, providing educational resources, and advocating on behalf of residents, and they do this with varied levels of staffing and funding.

In FY 2024, the Ombudsman program for the state expended funds from sources such as Title VII of the OAA, General Revenue Funds, revenue from a $6 bed fee which funds regional ombudsman program operating costs, and local sources. At the state office, $5.2 million was expended by the SLTCO, and regional offices expended a total of $9.7 million.

Other Organizations

Beyond ODA and the AAAs, there are many other entities helping to positively impact older Ohioans and to carry out ODA's mission to make Ohio the best place to age in the nation, more than 60 of which are recognized by ODA in its State Plan on Aging. This includes volunteers within the regional ombudsman offices; associations and organizations such as the Ohio Health Care Association (a non-profit that represents assisted living facilities, home care and hospice service providers, and other long-term support providers throughout Ohio), Pro Seniors (a non-profit agency providing legal support and advocacy to seniors in Ohio), and Ohio Council for Home Care and Hospice; providers including nursing facilities, transportation providers, and senior centers; and countless others.

Many of these organizations are the ones providing the actual program or service to Ohio's citizens, and they represent the most local touch points for the aging network. To give context, across the state there are 137 focal points, which are comprehensive service delivery providers in each community. [15] These range from local municipality divisions on aging, to senior centers, to service providers like adult day businesses.

Clients and Customers

Overall, the vast majority of ODA's operations are focused around Ohioans aged 60 and above. This population may come into contact with an ODA program or service in many different ways. While there are countless ways these Ohioans may be impacted by the operations of this state agency, two large buckets of participants include the ODA administered Medicaid program

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[15] Most up-to-date value available, from the FFY 2021 State Performance Report.

participants or those participating in OAA programs and services. Some examples of common services include:

- ODA Administered Medicaid Waiver Programs: PASSPORT and Assisted Living
- PACE
- Home Delivered Meals
- Personal Care
- Transportation
- Chore Services
- Congregate Meals
- Legal Help
- Complaint Investigation and Resolution
- Advocacy

These programs serve an estimated 4 to 19 percent of the Ohio population over 60. Certain qualifications must be met to take advantage of these programs. For example, for the PASSPORT waiver an individual must meet a full list of eligibility criteria including being determined financially eligible for Medicaid and being sixty or older at the time of enrollment. Title III programs and services generally only have the requirement of being sixty or older, and do not have financial requirements, however some programs and services are strategically focused on specific demographics.

Audit Scope and Methodology

The Department has authority over more than half a billion dollars of funding used to support older Ohioans. Nearly all of this funding is passed through to other entities that are responsible for delivering programs and services. Additionally, nearly all of the funds distributed by ODA are actually attached to Medicaid programs. We reviewed the Department's operations to identify areas where it could improve efficiency, effectiveness, or transparency.

As the State Unit on Aging, the Department is required to administer programs and funding under the OAA. To accomplish this, ODA must work closely with key stakeholders across the aging network. We reviewed the Department's staffing, communications, planning, and data management. In addition, we conducted several analyses related to the State Long-Term Care Ombudsman, which has recently been a focus for the state and has undergone some structural changes.

To complete our audit objectives, the audit team interviewed key personnel within the Department, as well as a variety of stakeholders within the aging network. Documentation surrounding key processes was collected and reviewed, and ultimately where possible compared to criteria. Additionally, data collection processes and utilization strategies were reviewed.

Audit Findings

Our audit identified nine recommendations for improved efficiency, economy, and effectiveness. These recommendations were broken into three sections: Planning and Operations, Data Management, and the State Long-Term Care Ombudsman.

Programs and Operations

We found that the Department has had significant turnover compared to similarly situated state agencies since FY 2017. At times, this turnover made it difficult to ascertain the information necessary to complete audit objectives in a timely manner. While the Department was generally responsive to requests for information, at times individuals in key positions did not have the institutional knowledge to provide additional context and answer detailed questions that arose during the audit process. This includes interviews in which individuals, identified by ODA as those who could speak to specific topic areas, were at times unable to answer questions related to Departmental operations and past practices beyond what was contained in the documentation.

In addition, we found that the Department's communication was strained, and the aging network indicated this had an impact on service delivery. We also found that the Department's State Plan on Aging was overly broad and reflected goals beyond ODA's scope of influence, resulting in a plan that did not provide action steps that were easily implemented or measured. These findings resulted in three recommendations:

Recommendation 1: High employee turnover generally requires an organization to spend additional dollars recruiting and hiring replacements. In addition, it can cause lower productivity, office morale, and customer satisfaction. Between FY 2017 and 2024, ODA had a higher employee turnover rate than similar state agencies in six out of eight years. The Department was able to produce exit interview data from only two interviews during this time-period, and it was therefore not possible to determine a reason for the higher-than-average turnover rate. In FY 2024, the Department shifted its process for conducting exit interviews. The Department should ensure exit interview data from this new process is collected and maintained and assess the impact on overall response rates. This data should then be used to regularly analyze trends and identify potential root causes of employee turnover so that ODA can undertake improvement efforts.

Recommendation 2: As the State Unit on Aging, ODA is required by federal law to periodically develop a multi-year state plan on aging with goals, objectives, and strategies for achieving outcomes designed to assist older Ohioans, their families, and caregivers. The most recent plan covers 2023 through 2026 and focuses on broad health, wellness, and economic metrics. While these broad goals may fall within the mission of the Department, the state plan on aging, as directed by the ACL, is supposed to have objectives that are attainable. We found that some objectives within the Department's state plan on aging were not determined to be attainable based on the scope of ODA's impact on the aging population. In developing future state plans, the Department should consider objectives that are tied to programs it impacts or other Departmental efforts. It should also ensure objectives are reasonable to achieve and institute a formal process where progress towards goals is tracked and measured throughout the plan period. Finally, the Department should work to include key constituents as it builds the next multi-year plan to ensure buy-in from agencies responsible for implementing any programs related to goals or objectives outlined in the plan.

Recommendation 3: The decentralized structure of the Aging Network in Ohio requires communication both between ODA and AAAs and other stakeholders. We found that several key stakeholders had concerns regarding the level and clarity of communication from the Department. The Department should work to develop an action plan with communications methods that allow for regular collaboration and sharing of information at all levels of the Aging Network. In doing so, the Department will allow for improved collaboration, increased buy-in from stakeholders, and reductions in service delays. In addition, the Department should routinely review the effectiveness of communication efforts and seek feedback from stakeholders to ensure that improvement efforts can be implemented effectively.

Data Management

Data collection and management has been an area where the Department has recently focused improvement efforts. However, we found several areas for additional improvement. The Department was added into the approval process that grants AAAs access to Medicaid databases, though Department officials could not explain the reason for this process change. We found there was no evidence that ODA's involvement would make the process more efficient, and by

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remaining involved in the process the Department risks being blamed for delays it has no control over. Additionally, we found that the data collected by the Department had quality issues, which made some analyses difficult or not possible. We also found that, while the Department uses data in many ways, with increased focus in recent years, there are still many additional ways their operations could be enhanced through additional data collection or summarization to improve outcomes for older Ohioans. These findings resulted in three recommendations:

Recommendation 4: Employees of AAAs require access to state-managed data systems to complete certain job functions. During the audit, we found that to obtain access to systems managed by the Ohio Department of Medicaid, AAA employees are required to submit requests through ODA. We observed that this approval process has delays, restricting AAA employees' abilities to perform job functions. It is unclear what benefit ODA provides to the approval process, and Department officials were unable to provide a reason for why ODA became involved. The Department should review the current access approval process for ODM systems and identify how it can add value. If it is determined that ODA cannot add value, the Department should remove itself from the process and allow AAAs to communicate directly with ODM for systems access.

Recommendation 5: The Department is required to submit a State Performance Report (SPR) to the Administration for Community Living (ACL) on an annual basis. This report summarizes the services delivered, expenditures made, and consumers served under OAA programming in a federal fiscal year. These services are grouped into categories and ACL identifies the unit of measurement for the categories. The data used to compile the SPR could be used by the Department to conduct a variety of analyses to better understand programmatic outcome both on a region by region and statewide basis. However, we found two key issues that prevent this from happening:

- Historical information regarding how data is grouped into the categories designated by ACL is not maintained by the Department. This means that it is not possible to take the data from previous years and recreate the information in the SPR. This is problematic as it limits the ability to confirm the reliability of information contained in the report and also limits the ability to conduct longitudinal studies and comparisons.
- The system used to collect data historically allowed AAAs to create new services and pick the associated unit labels, which has allowed services to be logged in a unit type that does not match the service category it's tied to. For example, a AAA may have added a new service tied to case management and recorded it as a count of individual assessments when the ACL measures that service category as hours. This results in the potential for the information being reported by AAAs under the same service category to be utilizing different units of measurement, making comparisons ineffective. In addition, ODA must take this information and roll it up into the service categories identified by ACL, but when different units of measurement are included, the roll-up may be inaccurate.

The Department should work to correct these issues so that it can improve the quality and accuracy of the data collected for the SPR. This will allow ODA to utilize the data to identify

trends and best practices at the regional level that would then assist with the strategic deployment of resources. As the Department considers a new data collection system, it should work to ensure these issues are addressed in the development of any new platform.

Recommendation 6: In recent years, ODA has made efforts to improve its data collection and utilization for strategic decision-making. Still, there are data elements that ODA does not collect, utilize, and/or publish that would assist both the Department and outside parties in decision-making. The Department should publish a webpage, dashboard, or one-pager that displays the numbers of older Ohioans served by the various programs under its authority in a singular location. In this, ODA should incorporate a service gap element, pulling in population data to show the number of individuals it serves in context with the entire population of older Ohioans. Further, ODA should regularly collect and utilize waitlist data by region and by service to better understand regional needs. Levy data by county could also be useful in understanding the available resources at a regional level. Finally, ODA should create and publish a list of all senior centers in the state. ODA should continue its data analytics efforts and explore collecting, utilizing, and publishing data elements beyond those specifically mentioned in this recommendation.

Office of the State Long Term Care Ombudsman

We found that the SLTCO, which operates as an independent program, was not in compliance with state law requiring an annual report. Further, we found that while the SLTCO collects discharge notifications and forwards them to the appropriate regional office, it does not proactively do any data analysis on this information. The discharge notices are often incomplete and do not have a standardized template, which largely prevents the SLTCO from this effort. We also found that the SLTCO lacked a formal long-term strategic plan. These findings resulted in three recommendations:

Recommendation 7: The State Long Term Care Ombudsman is required by ORC § 173.17(A)(8)(a) to prepare and submit an annual report to the Governor and other officials with information including the complaints and issues raised by or on behalf of residents of long-term care facilities in Ohio. The report is also required to include recommendations for any policy, regulatory, or legislative changes that might help to resolve issues and improve the quality of care and life for residents. The last annual report prepared by the SLTCO was prior to 2020. To improve the transparency of the SLTCO, it should prepare and publish the required annual report in a timely manner.

Recommendation 8: Prior to an individual being transferred or discharged from a skilled nursing facility, it must send a copy of the notice to the SLTCO. There are various methods by which the SLTCO receives discharge notices and there is no regulation requiring that data be tracked or utilized. Prior to the audit, the SLTCO was collecting data related to discharge notices, however, in 2024, the SLTCO stopped internal tracking related to the notices. Because the SLTCO is not tracking the discharge notices, it is missing out on an opportunity to gather data that would be useful to improving the experience of residents. The SLTCO should work with

relevant stakeholders to carry out an effort to create a template discharge form to standardize the format in which notices are submitted and also the data that is provided by each facility. In doing so, the SLTCO can improve data quality and improve the experience of Ohioans living in these facilities.

Recommendation 9: A formal strategic plan helps organizations make decisions that will benefit long-term goals. Currently, the SLTCO does not have a formalized strategic plan that aligns with the long-term goals of the Office. Further, the SLTCO has not established state-level performance indicators that align with the metrics being utilized by the regional offices. The SLTCO should develop a formal strategic plan and implement performance indicators that tie to goals identified in the plan. Data related to the performance indicators should be collected and measured to routinely assess the overall performance of the SLTCO program.

The nine recommendations from this audit are discussed in the following three sections, Department Programming and Operations, Data Management, and State Long-Term Care Ombudsman Program. Detailed information regarding the methodology and analyses resulting in these recommendations is provided in the following sections.

Programs and Operations

As the designated State Unit on Aging (SUA), ODA is tasked with certain functions by federal law. In particular, as the SUA, the Department is responsible for designating the Area Agencies on Aging (AAAs) to coordinate the delivery of services under the Older Americans Act. These services impact a small percentage of Ohioans and are designed to support those that are low-income, disabled, or have some other identifiable need. In addition, under ORC § 173.01 the Department is also responsible for advocating generally on behalf of older Ohioans.

The Department funds programs that directly impact a small portion of Ohioans aged 60 and over. In 2022, there were approximately 3 million Ohioans in this age range, however many programs offered by the Department have additional qualifications such as means testing, to qualify for the services provided by the programs. According to available data, these were the number of individuals served by ODA administered programs:[16]

- OAA Title III: 86,268 individuals
- PASSPORT: 18,802 individuals
- Assisted Living: 3,065 individuals
- PACE: 607 individuals
- Ombudsman Office Activity: 52,502 individuals

In addition to these services, ODA estimates that approximately 430,000 residents received services under OAA Title III, but were unregistered.

In addition to the AAAs there are many entities that provide services and support to Ohioans 60 and older. These entities include senior centers, adult day facilities, and local municipal agency divisions. Coordinating efforts between the various entities serving the at-risk 60 and older community in Ohio ultimately falls to the Department through a combination of state laws designating ODA as the SUA along with the authority over more than $500 million annually in state and federal funds that must be distributed.

Clear and effective communication is critical to the success of goals and objectives set by the Department. The Department must ensure that statewide goals are tied to local initiatives and implemented in a meaningful way. This involves communication from ODA to the local entities as well as receiving feedback and incorporating information in an appropriate manner.

Our audit reviewed the relationships between ODA and several of these entities to determine what steps could be taken to improve the overall efficiency and effectiveness of the actions of the Aging Network as a whole. Our analyses resulted in three recommendations that can assist ODA in this matter.

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[16] PASSPORT, Assisted Living, and PACE are all Medicaid programs which ODA administers. Eligibility for these programs is set by the Ohio Department of Medicaid and is not controlled by ODA. Per The Center For Community Solutions, approximately 1 in 10 (or 12.4%) of older adults 65+ are covered by Medicaid.

Recommendation 1: Monitor and Improve Employee Turnover

High employee turnover generally requires an organization to spend additional dollars recruiting and hiring replacements. In addition, it can cause lower productivity, office morale, and customer satisfaction. Between FY 2017 and 2024, ODA had a higher employee turnover rate than similar state agencies in six out of eight years. The Department was able to produce exit interview data from only two interviews during this time-period, and it was therefore not possible to determine a reason for the higher-than-average turnover rate. In FY 2024, the Department shifted its process for conducting exit interviews. The Department should ensure exit interview data from this new process is collected and maintained and assess the impact on overall response rates. This data should then be used to regularly analyze trends and identify potential root causes of employee turnover so that ODA can undertake improvement efforts.

Impact

Improving the overall employee retention rate can reduce the cost associated with recruitment, hiring, and training new employees. Further, retaining institutional knowledge assists with Department operational efficiency and effectiveness.

Background

Turnover, or the loss of employees, at an organization is a common occurrence. Some turnover can be healthy for an organization; however, too much turnover can result in reduced effectiveness. In government organizations, it is particularly common when there are administrative or leadership changes, such as after the election of new officials. However, our analyses noted that the Department has had high levels of turnover on an annual basis for the six of the past eight years. High turnover can be problematic due to the institutional knowledge that is lost when an individual leaves employment.[17] Therefore, it is important for any organization to understand the root causes associated with turnover.

Leadership Turnover

As a cabinet-level department, there is some expected turnover at the administrative level when a new director is named. However, we found that turnover at the administrative level was not limited to the transition period.

The new administration took office in January 2019, since that time only one of the original six Deputy Directors remains at the Department.

More recently, there has been additional leadership turnover. Since January 2024, five Deputy Directors have left. For context approximately 11 ODA employees had this category of job title at the end of FY 2024.

In addition to leadership positions, there has been high turnover in key operational positions. During our audit, in multiple instances an identified subject matter expert could not answer a question as they had not been present in the organization long enough to provide a response.

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[17] According to the Government Accountability Office, if turnover is not strategically monitored and managed, gaps can develop in an organization's institutional knowledge and leadership.

According to the Department, in FY 2023 it underwent a review of its organizational health. This review was conducted by an independent third party and included a review of the Department's current state. The process included workshops and interviews with staff on all levels of the Department. According to ODA officials, resulting from this review, the Department has undergone structural changes to alter the reporting structure for employees. In addition, ODA has begun to develop Division level strategies which allow for collaboration and alignment of Division specific outcomes with Departmental goals. Resulting from this review, the Department is now focusing on enhanced training and professional development opportunities for its staff. The impact of the efforts undertaken by the Department from this organizational health review will be measured over time, however in FY 2024, ODA did see a reduction in staff turnover.

Methodology

We identified peer agencies using three criteria including head count, permanent employee type (full versus part time), and allocation of pass-through dollars. This was done to select other state agencies that best match ODA's operating model. Our peer selection included six state agencies, Taxation, Medicaid, Health, Education and Workforce, Development, and Higher Education. In addition to the peers selected by our office, we addressed some of the concerns raised by ODA regarding this analysis by including additional state agencies including the Ohio Housing and Finance Agency, School Facilities Commission, Casino Commission, and Board of Pharmacy.

We compared ODA's turnover between FY 2017 and FY 2024 on an annual basis between the Department and the peer average. In addition, we isolated potential factors that might result in higher than average turnover such as the amount of overtime worked and salary or promotion opportunities.

Analysis

Between FY 2017 and FY 2024, the Department retained 24 percent, or less than one-quarter of its employees. During the same period, the peer agencies retained, on average, 48 percent or approximately half of employees. The table below shows the percentage of employees retained over the 8-year period by each department.

Employees Retained from FYs 2017-2024

	ODA	MCD	DOH	DEV	EDU	TAX	BOR	Peer Avg.
Count of Employees in FY 2017	92	639	1189	286	657	1073	80	-
FY 2017 Employees Present in FY 2024	22	324	623	120	346	495	34	-
Total %	**24%**	**51%**	**52%**	**42%**	**53%**	**46%**	**43%**	**48%**

Source: OAKS BI

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The turnover analysis from FY 2017 to FY 2024 identifies the percentage of individuals employed in FY 2017 that were still with the Department in FY 2024. It does not however consider individuals that may have been hired after FY 2017 that then subsequently left the Department. To account for this, we also reviewed turnover on an annual basis.

The table below examines the turnover percentage for permanent, full-time employees each year between FY 2017 – 2024 for Aging as well as the average amongst the primary peer group. separation reasons including retirement, death, and disability have been removed. For turnover percentages including all leave reasons from FY 2017 – FY 2024, see **Appendix B**.

Turnover Rate Excluding Retirement, Death & Disability FY 2017 – FY 2024

FY	ODA	Peer Avg.	ODA vs. Peer Average Percentage Variation	Peer Minimum	Peer Maximum
2017	7.1%	10.3%	(31.2%)	5.9%	19.1%
2018	8.8%	7.6%	15.0%	5.8%	9.8%
2019	15.0%	10.5%	42.2%	7.0%	14.1%
2020	9.9%	8.6%	14.6%	6.6%	12.6%
2021	11.8%	6.2%	89.4%	3.6%	10.2%
2022	23.3%	10.8%	114.6%	7.1%	14.3%
2023	24.3%	9.4%	159.1%	6.6%	13.3%
2024	7.9%	10.2%	(22.5%)	8.3%	17.8%

Source: OAKS BI

As shown in the table, ODA had higher turnover on an annual basis in all but two of the years in our analysis period. In particular, during FY 2021 and FY 2022 when agencies may have been impacted by the COVID-19 pandemic, ODA had turnover rates that were approximately 90 percent and 115 percent higher than the peer average during the same timeframe, or roughly twice as high. The table indicates that high turnover rates began in FY 2019. This included the start of a new gubernatorial administration, which can result in staffing changes. Turnover remained higher than the peer average from FY 2019 through FY 2023, though understanding the root cause of this turnover was unable to be determined due to the lack of exit interview data.

Prior to FY 2024, when the Department shifted to in-person exit interviews, ODA used online surveys to conduct exit interviews. Between FY 2017 and FY 2024, we found that a total of 125 individuals stopped working at ODA. The Department was able to provide exit interview data for only 2 of these individuals. After removing individuals that left due to retirement, death, or

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disability, this is a response rate of approximately 2 percent.[18] The Department has indicated that the new in-person exit interview process has had a higher response rate.

Research states that organizations should expect a response rate of 30 - 50 percent for exit interviews. The Department did not change its exit interview process, despite high levels of turnover and low response rates, until FY 2024 when the Department shifted to an in-person exit interview process

Without exit interview data, we attempted to determine possible reasons for the high turnover rates. In attempting to identify what individuals did after leaving employment with ODA, we found that 46 left for other state government jobs, 11 left for local government or non-profit employment, 12 left for the private sector, four left due to probationary removal or unclassified/unknown separation, and 31 stopped working due to death, retirement, or disability. We were unable to identify 21, or 17 percent, of employees that left employment.

Exit Interview Data

Exit interview data can provide key insights into why an employee chose to leave a position. During the audit, we requested this data from ODA. However, according to the Department it had recently changed its procedure from a survey to an in-person interview.

During this switch, survey data that had not been directly attached to an individual personnel file was not kept. ODA officials confirmed that only two exit interviews from the time period analyzed had been retained within personnel files. We were verbally told an additional two to three exit interviews existed in the online system but were lost during the transition.

The lack of exit interview data prevented our office from obtaining additional qualitative data and insights into why individuals chose to separate from the Department.

Cause of Turnover

Many factors can cause an individual to leave for a new position. This could include employee dissatisfaction with overtime hours required or the potential for improved opportunities elsewhere. We analyzed available payroll data related to both of these issues to determine if ODA employees had more overtime or compensatory time compared to the peer averages. We also tracked employee IDs through the state's employee data system to determine if those individuals who transferred to other state agencies did so for improved pay rates. Each of the following elements are factors that could contribute to turnover. This information should be considered as individual variables and not be combined as they use different groupings of employees over different timeframes. Additional context provided in exit interviews could be used to identify the weight or impact of any individual issue discussed below.

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[18] During our final meetings with the client, the Department stated it believed an additional two to three exit interviews existed from the previous survey but were lost during the transition to a new system. If these interviews were included, the exit interview response rate would be 5.3 percent. ODA officials did not provide any documentation to support this claim and the number of exit interviews lost is unknown.

Overtime Usage

ODA officials expressed a belief that high rates of overtime and compensatory time were a potential driving cause of retention issues. It was stated in interviews that particularly during the COVID-19 pandemic, several individuals worked more than 40 hours a week (or more than 80 hours in a pay period), which could result in dissatisfaction. We considered this and found that there were 14 employees that worked 16 or more hours above the typical 80-hours per pay period in at least 10 pay periods between FY 2020 and FY 2022. Of these 14 people, 9 separated their employment from the Department. During this same timeframe, a total of 59 individuals left ODA. This means that individuals with high levels of overtime or compensatory time represented approximately 15 percent of total turnover during the time period, indicating this was not a driving force for 85 percent of the turnover identified between FY 2020 and FY 2022.

Salary Considerations

ODA officials also expressed a belief that individuals left the Department for higher salaries. Higher pay is often a driver of career changes. State employee data can be easily tracked across agencies, so we followed those individuals that left ODA for other positions within the state. In determining the impact of salary and promotion differences between state agencies, we analyzed the pay rates and job titles of the 46 employees who transferred to another state agency from FY 2017 through FY 2024. Approximately 40 percent of employees who left for other state agencies took jobs with either the same or lower pay. Of the 60 percent of employees that left for higher pay, the increase ranged from $0.34 to $7.21 per hour with the average salary increase being $2.00. According to information published by Society of Human Resource and Management (SHRM), a 13 percent raise is needed to draw an employee away from their current job within the private sector. ORC 124.15 indicates that classified state employees may receive a salary increase of approximately 4 percent when accepting a new position. According to our analysis, the average increase in pay for ODA employees who left for employment elsewhere in state government was approximately 2.5 percent on average, which fell below the ORC guidance.

As a result, the analysis indicates that rate of pay is not one of the top reasons employees left the Department. The degree to which salary changes may have been a factor cannot be determined due to nearly non-existent exit interview data.

Potential Problems with Turnover

ODA works closely with other entities within the Aging Network and, as the State Unit on Aging, is responsible for guiding initiatives and programs relating to improving the overall well-being of older Ohioans. High turnover rates can negatively impact this responsibility by interrupting communication lines. In particular, turnover was cited as an issue with communication during our interviews with the Area Agencies on Aging (see **Recommendation 3**). Uncertainty regarding who to contact at the Department could result in delays in service delivery at the local level if there are questions regarding process or procedure that go unanswered.

During the course of the audit, OPT encountered difficulties related to the higher than average turnover at the agency. This included interviews in which individuals, identified by the Department as those which could speak about specific topic areas, could not answer questions related to Departmental operations or decisions beyond what was contained in written documentation. Further, we encountered instances where we were told conflicting information at varying points in time during the audit. This lack of clarity and information delayed the audit process and resulted in additional work and expense to complete the objectives laid out in the audit plan.

Conclusion

High turnover can cost an organization both in terms of actual expense related to the recruitment and hiring of new employees along with the lost productivity associated lost institutional knowledge. ODA has experienced higher than average turnover rates over the past several years. However, in FY 2024, the Department improved turnover rates. ODA officials should continue to monitor and prioritize turnover so that this trend can continue. To accomplish this goal, ODA should collect and save data within personnel files to ensure it is retained and use this information along with other available staffing data to proactively manage turnover rates.

Recommendation 2: Improve State Plan on Aging

As the State Unit on Aging, ODA is required by federal law to periodically develop a multi-year state plan on aging with goals, objectives, and strategies for achieving outcomes designed to assist older Ohioans, their families, and caregivers. The most recent plan covers 2023 through 2026 and focuses on broad health, wellness, and economic metrics. While these broad goals may fall within the mission of the Department, the state plan on aging, as directed by the ACL, is supposed to have objectives that are attainable. We found that some objectives within the Department's state plan on aging were not determined to be attainable based on the scope of ODA's impact on the aging population. In developing future state plans, the Department should consider objectives that are tied to programs it impacts or other Departmental efforts. It should also ensure objectives are reasonable to achieve and institute a formal process where progress towards goals is tracked and measured throughout the plan period. Finally, the Department should work to include key constituents as it builds the next multi-year plan to ensure buy-in from agencies responsible for implementing any programs related to goals or objectives outlined in the plan.

Impact

Multi-year strategic plans can help to guide an agency's operations including the strategic allocation of funding and other resources. By having a multi-year plan with clearly identified goals and objectives that are specific, measurable, achievable, relevant, and time-bound, an organization can more effectively work towards achieving desired outcomes. By focusing its multi-year plan and obtaining buy-in from key stakeholders, ODA can work to ensure its goals are achieved over the course of the plan's timeframe.

Methodology

We reviewed the Department's previous and current multi-year state plan on aging. In particular, we reviewed existing objectives to determine if they followed SMART guidelines (specific, measurable, achievable, relevant and time-bound). We also considered information from the Area Agencies on Aging regarding the creation and implementation of the state plan on aging.

Background

One of the tasks required by the OAA is that SUAs must develop and administer multi-year state plans that advocate for and provide assistance to older residents and their families. Plans may be developed for a two, three, or four-year period and are approved by the Governor, or their designee, and submitted to the Administration on Community Living (ACL), which is the federal agency that oversees SUAs. In developing a multi-year state plan, the SUA is required to have AAAs develop and submit regional plans. These regional plans are supposed to be the basis for the state plan. The ACL provides guidance on the content and structure of the plans.

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During the course of the audit, Department officials indicated that the state plan on aging goals were designed to align with the Ohio Department of Health's State Health Improvement Plan. While aligning goals with another department is not problematic, ODA must work to ensure its goals are reasonable and achievable given the scope of influence it has as a Department.

While the AAAs are the most prominent stakeholder ODA has, beyond older Ohioans themselves, there are many other important entities that the Department communicates with in order to carry out their responsibilities and positively impact Ohioans. In reaching out to these entities, communication challenges appear to exist in some capacity across many levels of the aging network. A key focus of ODA in recent years has been its Strategic Action Plan on Aging (SAPA). This is accompanied by a toolkit, which per the state plan on aging is meant to be utilized by entities across the state to align operations with the overall objectives of the SAPA. Multiple entities which were listed within the state plan indicated they either did not utilize the SAPA toolkit, or did not know what it was.

Analysis

According to the ACL, the state plan on aging should provide goals and objectives related to assisting older residents, their families, and caregivers. The plan should document tangible outcomes expected from long-term care reform efforts taken on by the state. In addition, the plan should take available data on activities and outcomes to identify best practices and use this information to leverage additional funding. Ultimately, the plan should provide a blueprint for the coordination and advocacy activities the state will undertake to meet the needs of older adults and build capacity for long-term care efforts.

Current Plan SMART Analysis

The Department's current state plan on aging includes 19 outcomes, which are high-level goals such as "improve housing quality and affordability." Under each of these outcomes, there is one or more objective which are specific, measurable goals that work to achieve the outcome, such as "increase the number of affordable and available units per 100 renters with income below 50% of Area Median Income from 80 to 84." There were 28 total objectives that we analyzed against SMART criteria, as the state plan on aging indicates each of these 28 are "SMART objectives".[19]

- **Specific:** Goals should be well-defined and clear.
- **Measurable:** Goals should have specific criteria to measure progress.
- **Achievable:** Goals must be attainable, realistic, and within the authority of the Department.
- **Relevant:** Goals should be aligned with the Department's broader mission and objectives.
- **Time-bound:** Goals should have a clear timeline for achievement.

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[19] A SMART goal, per the University of California, is one that is specific, measurable, achievable, relevant, and time bound.

Of the 28 objectives identified in the plan, 17, or 60.7 percent, are based on population-level metrics of older Ohioans' health, wellness, or economic status.[20] These objectives are not SMART goals, in that they are not realistic for ODA to achieve. For example, the objective to increase the number of affordable and available units per 100 renters with income below 50% of Area Median Income from 80 to 84 is specific, measurable, aligned with the Department's overall mission, and could be tied to a reasonable timeframe. However, housing affordability for a total population is driven by a myriad of factors including social, economic, and environmental issues that are outside the control of the Department. Further, as the Department oversees programs that are utilized by fewer than 5 percent[21] of the population over 60 years old, it is unlikely that ODA has the ability to significantly impact any outcomes across all Ohioans. Several of the objectives and goals were similarly broad and would be influenced by many factors outside of ODA's control. The full list of objectives within the Department's state plan can be found in **Appendix B**. In addition to using goals that are largely unachievable, ODA's plan identified several objectives that have seen downward trends. For example, during the timeframe identified by the Department, housing affordability for Ohioans has dropped. By identifying increased housing affordability as a goal, the Department risks its programming being viewed as unsuccessful because its identified goals are not being achieved, which has little to do with the programmatic outcomes of the Department.

The timeline to the right is representative of ODA's planned process for the creation of the 2023-2026 State Plan on Aging. Dates in blue are when ODA submitted a draft of the state plan to ACL or

State Plan Creation Timeline

NOV 17, 2021
Kickoff meeting with AAAs

JAN 18, 2022
Strategic Area Plan templates provided to AAAs

FEB 18
AAA stakeholder meeting to inform State Plan priorities

APR 1
1st draft of State Plan submitted to ACL

APR 22
Incorporate feedback from ACL

MAY 1
2nd draft of State Plan submitted to ACL

MAY 6
Deadline for AAAs to submit regional needs assessments and goals template (Parts 2 and 3 of Strategic Area Plans)

MAY 6 - MAY 13
Review regional goals templates & incorporate trends into State Plan

JUN 1
Final draft of State Plan submitted to Ohio Governor's Office

JUL 1 - AUG 1
Final draft of State Plan submitted to ACL

JUL 26
AAAs complete regional public hearings

SEP 9
Deadline for AAAs to submit Strategic Area Plan Parts 1, 4, 5, 6, 7, 8, 9, 10, and 11

OCT 1 - DEC 31
Send final approval of Strategic Area Plans

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[20] An additional three objectives are similarly based on population-level metrics, though for the state as a whole, rather than being specific to older adults in the state.
[21] The Department estimates that up to an additional 15 percent of older Ohioans may be receiving services funded by OAA but are not captured in available data.

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the Governor's Office; dates in orange are deadlines for AAAs to submit parts of their strategic area plans to ODA; all other dates are in green. These dates generally are an accurate representation of what occurred. ODA's process for incorporating AAA and local input by their own account occurred simultaneously with plan creation rather than informing the plan from the start. Dates on the timeline support this format occurring. While communication existed between AAAs and ODA throughout the process, allowing for AAA input at various stages, the largest opportunity for input occurred after the first and second drafts of the state plan on aging were submitted to ACL.

In setting a state-wide plan on aging, ODA should consider the local agencies that are responsible for implementing programs that can drive change. In particular, the AAAs are a critical partner in ensuring the success of the state-wide plan. However, in our interviews we found that nearly all of the AAAs were dissatisfied with the level of involvement and inclusion in the creation of the current state-wide plan.

AAAs are required to submit area plans to ODA. According to the federal regulations, the state multi-year plan should be based on the area plans. As ODA developed its most recent multi-year plan, the Department sent drafts of the plan to ACL prior to the submission deadline for the state AAA plan submissions. However, the final state multi-year plan was submitted to ACL after the deadline for the AAA plan submission. While there is no evidence that Department ignored the area plans based on the timing of submissions to the state, it would be beneficial to have a more open dialogue to ensure relevant stakeholders feel they are involved in the process. By ensuring stakeholder buy-in, the Department will build partnerships at the local level to improve the achievability of stated goals and objectives.

Progress Tracking

According to the Government Finance Officers Association, entities should identify, track, and communicate performance measures. ODA does not currently have a formal process to track progress on the goals and objectives identified in the multi-year state plan. Because of this, the Department cannot track if it is going to meet short-, intermediate-, or long-term goals and cannot adjust actions during the course of the plan or reallocate resources in a strategic manner.

Federal Administration for Community Living Guidance

The ACL provides guidance regarding the goals, objectives, strategies, and outcomes that may be contained within a multi-year plan. According to the most recent guidance, published in 2025, **Goals** are visionary statements that describe the strategic direction in which the state is moving. **Objectives** are the attainable, specific, and measurable steps the state will take to achieve its goals. **Strategies** outline how the state will achieve the goals. **Outcomes** document the measurable benefit older individuals should derive from the state plan **Goals, Objectives,** and **Strategies**. According to this guidance, outcome measures should include short-, intermediate-, and long-term outcomes. As the Department develops the next multi-year plan, it should incorporate this guidance to develop specific and reasonable goals.

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Conclusion

The current multi-year plan is overly broad and many of the objectives within it are not within the Department's ability to significantly impact. As it develops the next multi-year plan, the Department should focus on goals and objectives that are achievable and within its reach. In addition, the Department should work to ensure it includes key stakeholders, including the AAAs, as it develops the plan to ensure goals and objectives align with local priorities. Finally, the Department should prioritize tracking goals to ensure the effectiveness of programs and initiatives throughout the plan period and allow for adjustments to operations as necessary.

Recommendation 3: Improve Communication with Key Constituent Organizations

The decentralized structure of the Aging Network in Ohio requires communication both between ODA and AAAs and other stakeholders. We found that several key stakeholders had concerns regarding the level and clarity of communication from the Department. The Department should work to develop an action plan with communications methods that allow for regular collaboration and sharing of information at all levels of the Aging Network. In doing so, the Department will allow for improved collaboration, increased buy-in from stakeholders, and reductions in service delays. In addition, the Department should routinely review the effectiveness of communication efforts and seek feedback from stakeholders to ensure that improvement efforts can be implemented effectively.

Impact

Clear communication is critical to the success of ODA programming. By providing inconsistent information to key stakeholders, the Department is at risk of fostering inefficient or ineffective program operations. In addition, a continuous trend of poor communication can result in negative working relationships with key stakeholder groups and ultimately impact older Ohioans that count on programs and services being available.

Background

The Department has a legally structured relationship with the AAAs. Under the OAA there is a defined structure which requires the SUA to divide a state into distinct planning and service areas. Within each of these areas, the SUA must designate an entity as the Area Agency on Aging. In Ohio, 12 regional PSAs have been designated by ODA per ORC § 173.011. Guidance from the ACL defines a relationship where the AAAs and the SUA work together and share information that allows for the regions to inform state plans and for the state to ensure compliance with programmatic goals and requirements. In addition to the legal relationship, there is a strong financial tie between the AAAs and the Department. More than 95 percent of the total funds distributed by ODA between FY 2010 and FY 2024 were passed onto AAAs. This legal and financial relationship between the AAAs and the Department underscores the need for clear and effective communication efforts.

Methodology

We reviewed the frequency, quality, and method of communication from the Department to stakeholders. While we identified and communicated with a variety of stakeholders, our analysis focused on communication with the AAAs due to the significant financial and statutory relationship that exists between the two.

To identify areas of improvement regarding communication, we interviewed representatives from all 12 AAAs and also conducted a survey. We also requested and reviewed documentation

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pertaining to specific concerns raised by the AAAs. In addition to AAAs, we interviewed a sample of relevant associations within the state representing a wide relay of member entities or individuals across Ohio, as well as county- and city-level entities from various parts of the state.

Analysis

After interviewing a select group of county- and city-level aging organizations, such as senior centers, we found that communication typically flows from ODA to the AAAs to the local organizations. The local organizations indicated that they have minimal direct contact with the Department and rely on the AAAs for information. Generally, the AAAs reported that they are dissatisfied with the communication they have with ODA (See **Appendix B** for survey results). During our communication with AAAs, more than half indicated issues or concerns in the following areas:

- Reduced frequency of executive-level meetings; historically, the ODA Director has held monthly in-person meetings with the AAAs, but the frequency of the meetings has decreased and, in some cases, shifted to virtual settings.
- Late or no responses to questions;[22] AAAs identified substantial lag times in getting their questions answered by ODA, and some questions are not answered at all. Some AAAs added that ODA set up general mailboxes to field questions on certain topics, but questions sent to these inboxes are not always answered.
- Confusion on points of contact and lack of institutional knowledge;[23] as discussed in **Recommendation 1**, the Department has had high turnover over the past several years. This has led to issues with identifying the proper person at ODA to

Changes to Executive Meetings

According to guidance received in November 2024, the frequency and cadence of meetings between the ODA Director and the AAA executives was set to change in 2025.

During the previous administration, the AAA executive meeting was held monthly. Recently, the Department switched to bi-monthly meetings, or a total of six per year. Moving forward, ODA plans to host a total of six AAA executive meetings in a format where each AAA will be scheduled to attend four of the six meetings. All AAAs would meet with the Director in January and July, and then half would meet with the Director in March & September while the other half meets in May & December. The AAAs raised concerns that this would disrupt collaboration amongst AAAs, however the Department has chosen to follow the scheduled meeting structure.

It is important to note that these executive meetings are not the only established type of communication touch point between AAAs and ODA. Beyond ad-hoc communication, there do exist regularly scheduled meetings between specific segments of operations. This includes site director meetings and Elder Connections Division/OAA meetings which occur monthly. Also, CFO's meet quarterly, and ODA has a meeting with O4A leadership monthly.

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[22] One statewide stakeholder association indicated in an interview that at times a question is sent to ODA and enough time passes that the question is no longer relevant.
[23] One statewide stakeholder association indicated in an interview a learning curve within ODA due to recent changeovers.

contact for specific issues. Some AAAs added that knowledge gaps have inhibited ODA's ability to respond to questions and necessitated that AAAs spend time bringing new ODA staff up to speed. This confusion may have been fueled by ODA not having an official process for providing key stakeholders with updated table of organizations.

- Lack of singular, structured, written guidance; the AAAs identified issues with how information is provided, indicating that new guidance is often provided verbally, often with the support of a PowerPoint presentation. However, there is often no formal, written guidance, requiring AAAs to rely on summarized presentation slides and notes. Some AAAs added that guidance is sometimes provided in pieces across multiple notices or multiple presentations that cover multiple other topics, making it difficult to track down comprehensive guidance on a specific topic.[24]

The AAAs also indicated, that in addition to having difficulties communicating with the Department on general issues, they largely felt left out of decision making and are not informed of the processes involved. In particular, AAAs stated that they are often informed of a decision or rule change after it has been made rather than being included in the decision-making process.[25] This causes frustration and confusion among the AAAs. As the state-designated entities responsible for coordinating services under the OAA, the AAAs feel that they should be involved in decision making regarding issues that impact service delivery. Similarly, the AAAs stated that the Department does not seek or provide regular opportunities for feedback.[26]

Communication Concerns

While a variety of concerns regarding communication were brought to our attention during the audit, we identified two that highlighted issues showing breakdowns in communication between the Department and the AAAs, the rollout of a change to program delivery and a proposed rule change.

Senior Farmers Market Nutrition Program

ODA provides approximately $3 million in funding annually that is used to give eligible seniors $50 a year to spend at farmers markets. In 2024, approximately 64,000 people participated in the program. While it is a relatively small program in regard to the total amount of funding used to support it, it is popular and provides an opportunity to interact with a larger proportion of older Ohioans compared to many other Department programs.

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[24] The Department updated the PAA Operations Guide in 2024, the first update in 10 years. One function of this guide is to provide a single source with guidance documents relating to the Medicaid waiver program. However, we did not find this update sufficient to resolve the concerns raised by the AAAs in this area.
[25] Two statewide stakeholder associations indicated in interviews a lack of stakeholder involvement in decision making, with examples including the rule making process and survey creation.
[26] Complete survey results can be found in **Appendix B**.

In 2024, ODA rolled out a pilot program which switched the benefit from paper coupons to electronic benefits, either through a payment card or mobile app. This pilot program was intended to modernize the system to be in line with federal guidance. The modernization provides improvements to the system including the ability to better track benefits redemptions and offer more flexibility in the spending of funds. Under the old system with paper coupons, it was not possible to track how much of the $5 coupon was used; further, an individual who used less than $5 lost the remaining value of the coupon. While the pilot was initially designed to use a single AAA, 11 of the 12 AAAs voluntarily opted into the program. There were multiple communication issues between the AAAs and the Department during the course of the rollout:

- Prior to the start of the program, there was lack of clarity regarding important dates. In particular, applications did not open at the date they had in past in past years, and there was a lack of clarity as to when this would occur.
- During the program, there was a lack of clarity regarding when payment cards would be provided to participants.
- After the completion of the program, the AAAs and ODA did not sufficiently communicate with each other regarding how to measure program outcomes. This resulted in the AAAs using different data points than ODA to measure programmatic success.

The lack of information and clarity provided by ODA to both the AAAs and program participants may have resulted in consumer frustration and could result in lower levels of participation in the future. In addition, because the AAAs were unable to provide assistance in some cases, it is possible that participants have a lower opinion of the local AAA. Eroding the relationship between program participants and the AAAs or other service providers reduces the overall effectiveness of programing.

Case Management Rule Changes

ODA proposed a new rule for case management services delivered under the Older Americans Act in 2024. The proposed new rule required that a provider is responsible for providing case management to every consumer in a planning and service area (PSA) who receives one or more of the following five services: adult day services, chore services, homemaker services, personal care, or home-delivered meals.[27] According to the Department, the rule was created to obtain necessary data required by ACL.

When a rule is proposed to be new, amended, rescinded, or put up for five-year review, agencies must follow specific processes identified in ORC Chapter 119. If the rule has an adverse impact on business, as defined by ORC § 107.52, then the rule(s) must be filed with the Common Sense Initiative Office (CSI) prior to the filing with the Joint Committee on Agency Rule Review (JCARR). As part of the CSI process, the agency should share as much detail on the rule as they have developed during early stakeholder outreach. This early outreach is to receive comments

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[27] Services must be paid for either entirely or in part by Older Americans Act funding.

from stakeholders that will be directly impacted by the rule so that the agency is aware of any changes they could make prior to filing the rule that might allow for more efficient compliance.

For early stakeholder outreach, the Department sent an email to key stakeholders with a bulleted list of items that would be impacted by new rules (see **Appendix B**). Case management was one of fourteen services subject to new rules surrounding requirements for AAA-provider agreements. While this email requested feedback from the stakeholders, it did not provide context regarding the new rules that would be established. The Department did receive general feedback, but because the stakeholders were not provided with sufficient information regarding the details of the new rules, specific feedback was limited.

After the initial outreach, the Department submitted a business impact analysis to CSI for the new rule related to case management. At this time, CSI opened a public comment period for the new rule. During this period, the Ohio Association of Area Agencies on Aging (O4A), the Ohio Council for Home Care and Hospice, and the Ohio Association of Senior Centers, all of which were involved in early stakeholder outreach, provided comments. Several AAAs also provided comments. Prior to obtaining approval from CSI, the Department was required to respond to these concerns. Had more detailed information been provided during early stakeholder outreach, some of the issues brought up during public comments could have been resolved.

During the public rule hearing after the rule was filed with the JCARR, AAAs again provided testimony, along with many other stakeholder groups. The Department was required to respond to additional questions about the rule and concerns raised by the AAAs and these organizations about the impact on service delivery.

The back-and-forth communication during public comment periods required several work hours that could have been avoided, at least in part, if ODA had provided more information regarding the new rule during early stakeholder outreach. In December 2024, the Department placed the rule into "to be refiled" status and indicated that it intended to make changes to the rule. As of April 2025, the rule remains in to be refiled status, and the Department has indicated it remains out of compliance with federal data reporting requirements.

During the course of the audit, the Department proposed a new rule which went through a similar review process. However, during early stakeholder outreach, the Department provided a draft copy of the rule to stakeholders. This allowed for meaningful feedback to occur earlier in the process.

Communications Action Plan

In "How To Create An Effective Stakeholder Communication Plan", a Forbes article written by a public relations director, effective stakeholder communication plan elements are outlined. A stakeholder communications plan is a framework for including stakeholders and keeping them informed at every stage. It identifies relevant stakeholders, determines what needs to be communicated and indicates how often, while also naming communication channels and

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outlining feedback methods. Also outlined within these key elements is collecting feedback and analyzing to understand the effectiveness of one's strategy. In addressing the communication current state within the aging network, ODA should consider all of these elements.

Conclusion

We determined that the communication between ODA and key stakeholders, particularly the AAAs, led to a strained relationship and may impact program operations. The perceived lack of quality communication led to several identifiable issues including confusion regarding the roll out of the e-Senior Farmers Market Nutrition Program and the subsequent measurement of its success, rule changes regarding case management that directly impacted constituents, and providing access to data systems (see **Recommendation 4**). The Department should create an action plan to address these communication failures. In doing so, ODA should routinely seek feedback from stakeholders to ensure communication remains efficient, effective, and transparent.

Data Management and Systems Access

Collecting and reporting on performance data is one of the required functions of the Department. As the SUA, the Department must submit an annual State Performance Report (SPR) to the Administration for Community Living that summarizes the services provided, expenditures made, and consumers served under OAA programming. In addition, there are many other datasets relevant to ODA's operations. This includes Long-Term Care satisfaction survey data, Senior Farmers Market Nutrition Program data, PASSPORT and Assisted Living waiver data, and many more.

Data has been a large focus for ODA in recent years. Resulting from one of the recommendations within the Nursing Home Quality and Accountability Task Force, the Department created and released the Long-Term Care Quality Navigator (previously called the Nursing Home Quality Navigator) as a public-facing dashboard with detailed data and information on nursing home quality. The Department also has an Internal Command Center, or ICC. This, internal, non-public-facing dashboard, like the Long-Term Care Quality Navigator, is used to analyze and compare long-term care facilities, but it hosts a larger volume of data from more sources and has more features for manipulating and filtering data than the Navigator. ODA leadership expressed their desire to develop similar data visualization tools for home- and community-based services (HCBS) like PASSPORT and Assisted Living in the near future.

The Department's data resides within multiple data systems, and these systems are used by ODA and other entities carrying out programs for older Ohioans. ODA utilizes WellSky for OAA activity, multiple systems including PIMS and MITS for their Medicaid waiver program operations, the Homegrown Benefits system for the Senior Farmers Market Nutrition Program, and more. It's important to note that ODA is undergoing an IT Modernization initiative which has been focusing on out-of-date systems and updating various processes.

The data collected by ODA can be a valuable tool for the Department for advocacy and strategic planning purposes. The Department currently uses data in many ways and has had an increased focus on collection and analytics in recent years. However, there are still many additional opportunities to leverage data to improve the Department's operations and subsequently improve outcomes for older Ohioans. We reviewed the Department's data management and systems access practices and identified three recommendations.

Recommendation 4: Streamline Data Systems Access

Employees of AAAs require access to state-managed data systems to complete certain job functions. During the audit, we found that to obtain access to systems managed by the Ohio Department of Medicaid, AAA employees are required to submit requests through ODA. We observed that this approval process has delays, restricting AAA employees' abilities to perform job functions. It is unclear what benefit ODA provides to the approval process, and Department officials were unable to provide a reason for why ODA became involved. The Department should review the current access approval process for ODM systems and identify how it can add value. If it is determined that ODA cannot add value, the Department should remove itself from the process and allow AAAs to communicate directly with ODM for systems access.

Impact

Under the current process for obtaining access to ODM-managed data systems, some AAA employees have had to wait weeks or months before access was granted. This has resulted in AAA employees being unable to perform certain job functions while waiting for systems access. Streamlining the approval process would allow for more efficient and effective work at the AAA level as employees would have the access necessary to perform their jobs.

Background

ODM maintains four data systems that are used by AAA employees. These include: the Incident Management System (IMS), which tracks incidents within various Medicaid programs including PASSPORT and Assisted Living; the Ohio Benefits Worker Portal; the Medicaid Information Technology System (MITS) portal, which allows providers to submit fee-for-service (FFS) claims for reimbursement, correct denied claims for resubmission, adjust or void paid claims, or copy a claim to create a new claim; and the Provider Network Management (PNM)[28] module, which serves as the single-entry point for secure portal functions such as claims submissions, prior authorizations, and member eligibility verification.[29]

Historically, access to these systems was granted directly by ODM. However, in 2023, ODA's Division of Community Living (DCL) began acting as a middleman between the AAAs and ODM. AAAs must submit a form for employees that require access to a system. Where the access form was previously sent by the AAAs to ODM, it is now sent by the AAAs to ODA, which then forwards it to ODM. Current ODA officials were unable to explain why this process changed.

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[28] For aging-related activity, a user is redirected to the Provider Certification Wizard (PCW).

[29] ODA is in the process of replacing legacy systems, which will impact the Provider Certification Wizard (PCW), PASSPORT Information Management System (PIMS), HENS LOC, HENS PASS-R, and Ohio Benefits Long Term Services and Supports (OBLTSS). Many aspects of the modernization are expected to go live by the end of the fiscal year.

The required access form is ODM's Code of Responsibility, wherein a AAA employee accepts their responsibility for complying with ODM security and confidentiality rules. It is a page long, and there are approximately 16 fields to complete, including basic employee information (name, office, phone number, etc.), access roles needed, and justification for access. The AAA employee's supervisor is required to sign off on the form to verify the information.

Methodology

During interviews with representatives from the AAAs, we learned that AAA employees were experiencing delays in receiving access to data systems. We asked about this in our survey to AAAs to identify common concerns and issues. Afterward, we requested information from ODA regarding their internal processes for granting systems access.

Analysis

In our survey, 9 of the 12 AAAs identified that there were delays in obtaining access to various data systems. In interviews, the AAAs indicated that a process that previously took about a week on average now can take months. While the AAAs reported delays in obtaining access across many systems, the delays most often cited were in relation to systems managed by ODM. It was noted by several AAAs that the delays in accessing ODM-managed systems had lengthened substantially after DCL became involved in the process.

According to the Department, to obtain access to ODM-managed systems, a AAA employee must complete Medicaid's Code of Responsibility form and email it to a designated email address at ODA. After the email is received, it is then forwarded by the Department to ODM. The Department confirmed that there are issues that result in delays to the approval process. The primary cause of delays identified by the Department is back-and-forth communication between the entity granting access to the database and the individual requesting access, when there are errors in the requester's form (not filling out necessary fields, not specifying the type of access needed, etc.). ODA indicated that for ODM systems, ODM officials follow up directly with the requester regarding any issues with the submitted access form. Access is granted immediately if there are no errors on the completed form. During our review of this process, we could not identify any instances where ODA improves or expedites the approval.

AAAs provided evidence that for some employees' requests, they were not informed if ODA had forwarded the form to ODM and what the status of access request was. ODA officials do not maintain a system to track requests to ODM-managed systems, despite the Department's involvement in the process.[30]

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[30] ODA stated that it recently implemented a ticketing system called FreshService for ODA-owned systems. According to them, this system tracks each request, including ticket duration, and allows the requester to monitor the status and progress of their ticket in real time. ODA has enabled internal users within the FreshService, but as of April 2025, ISD is still in the process of enabling external users (e.g., AAA employees).

Conclusion

The AAAs identified delays in obtaining access to data systems necessary to complete certain job functions. In particular, after the Department was inserted into the approval process for ODM-managed systems, the length of time to obtain approval and access increased. The Department acknowledged that these delays occur and was unable to provide a reason as to why it became involved in the process. It is important that data system access be provided in an efficient and transparent manner. If ODA is not providing value to the process, the Department should identify how it can remove itself as an unnecessary addition.

Recommendation 5: Improve Data Quality

The Department is required to submit a State Performance Report (SPR) to the Administration for Community Living (ACL) on an annual basis. This report summarizes the services delivered, expenditures made, and consumers served under OAA programming in a federal fiscal year. These services are grouped into categories and ACL identifies the unit of measurement for the categories. The data used to compile the SPR could be used by the Department to conduct a variety of analyses to better understand programmatic outcome both on a region by region and statewide basis. However, we found two key issues that prevent this from happening:

- Historical information regarding how data is grouped into the categories designated by ACL is not maintained by the Department. This means that it is not possible to take the data from previous years and recreate the information in the SPR. This is problematic as it limits the ability to confirm the reliability of information contained in the report and also limits the ability to conduct longitudinal studies and comparisons.
- The system used to collect data historically allowed AAAs to create new services and pick the associated unit labels, which has allowed services to be logged in a unit type that does not match the service category it's tied to. For example, a AAA may have added a new service tied to case management and recorded it as a count of individual assessments when the ACL measures that service category as hours. This results in the potential for the information being reported by AAAs under the same service category to be utilizing different units of measurement, making comparisons ineffective. In addition, ODA must take this information and roll it up into the service categories identified by ACL, but when different units of measurement are included, the roll-up may be inaccurate.

The Department should work to correct these issues so that it can improve the quality and accuracy of the data collected for the SPR. This will allow ODA to utilize the data to identify trends and best practices at the regional level that would then assist with the strategic deployment of resources. As the Department considers a new data collection system, it should work to ensure these issues are addressed in the development of any new platform.

Impact

The data used to compile the SPR could be leveraged for strategic decision making within ODA. However, the lack of historical information regarding how data is categorized for the SPR, along with ODA's inclusion of non-matching unit types within a service category, limits the Department's ability to effectively utilize the data. In particular, the inconsistencies in unit types between services and service category data may result in information that shows an inaccurate picture of the quantity of activities being performed at the AAA level. Improving data quality and consistency can aid the Department in more accurately identifying trends and best practices at the regional level along with understanding statewide trends over time.

Methodology

We attempted to utilize the data collected by ODA to populate the SPR to conduct year over year analyses along with comparisons between regions. However, due to limitations within the data, we were unable to complete this task. We then conducted interviews with Department officials and other aging network partners to confirm our understanding of the internal processes used to enter data and create the SPR report.

Audit standards require that several factors be considered to determine if data is sufficiently reliable. This includes the expected importance of the data, the presence of corroborating evidence, the risk of using the data, and results of the assessment work performed. Corroborating evidence can strengthen whether data is determined to be reliable, whereas errors and incompleteness may diminish the reliability of the data. Overall, the objective in examining data reliability is to ensure that the user does not reach the wrong conclusions when basing their decisions on the data or lead to an incorrect or unintended message. The data contained in WellSky, the system the Department uses to collect information that is then provided to Congress, was found to be unreliable. The data was inconsistent, resulting in potential errors in the SPR report. This inconsistency was caused by an internal control issue related to how data fields were created in the system. Our office did not cite an internal control issue in this area as we determined the Department had identified the root cause and taken steps to correct it. However, the data being submitted may still be unreliable as the corrective actions have not been fully completed.

Analysis

The SPR is a summary report showing state-level totals for various metrics pertinent to OAA services. The report includes the following data points for a given state for the federal fiscal year: the number of people that received Title III services, the numbers of units of services that were delivered, the amounts of Title III and total funds that were expended for the delivery of these services, the number of staff at the SUA and AAAs, the number of providers, and more. AAAs and service providers must submit information to ODA regarding activities funded under Title III of the OAA. These activities include services such as adult day services, transportation assistance, meal delivery, or case management. The data is submitted in a way that identifies the service, such as case management, and the units of service provided, such as hours. The Department takes the information provided by the AAAs and service providers and groups the individual services into broad categories identified by ACL.

The service level data submitted by the AAAs and service providers could be leveraged to identify trends on a region-by-region basis as well as trends within the state over a period of time. We attempted to do this using the FFY 2022 and FFY 2023 service data. However, during our attempt to recreate the information in the SPR associated with each year of data, we were unable to recreate the values contained in the report. Prior to leveraging the data it already collects, the Department will need to address issues to improve the overall data quality.

Historical Data Grouping Retention

The Department must group its many OAA Title III services to the few, distinct service categories that ACL has established for the SPR to populate the report. As an example, in the graphic below, several services are listed in the left column and then grouped into a broad category in the right column.

Service Label Grouping Example, FFY 2023

Service Label in Data System   **ACL Service Category**

Adult Day Service
Adult Day Service – Basic
Adult Day Service – Enhanced   Adult Day Care/Health
Adult Day Service – Intensive
Alzheimer's Adult Day Service w/ Transportation

Care Management
Case Management
Medical Assessment: Hour   Case Management
Medical Assessment: Individual Assessment
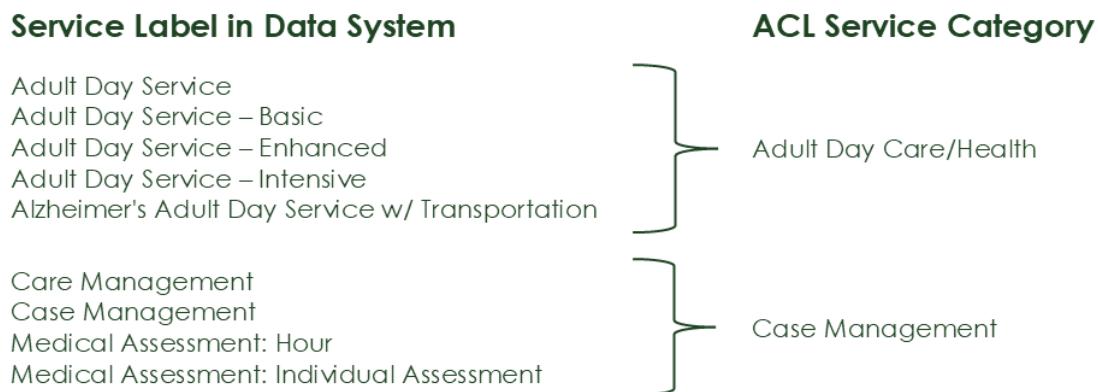
Source: ODA

The grouping of services is not stagnant, and ODA periodically changes how it groups services to align with changing ACL guidance. However, the Department does not retain historical documentation of how the services were grouped into categories. To understand how the service data is calculated for the SPR, the grouping process or logic is necessary. Without this information, the Department is unable to understand how values in past SPRs were calculated.

While there is no state law or federal guidance requiring ODA to maintain documentation on how the SPR values are calculated, by not retaining this data, the Department risks its data being questioned. It is possible that an interested third-party may request information as to how the Department determined the values in its report. Without the historical information, ODA would be unable to provide an explanation to these questions.

Data Consistency

Data is submitted by AAAs and service providers regarding activities under OAA Title III. The information provided includes the service, such as case measurement, and the unit type (or measurement), such as hours. The ACL identifies specific unit types for each service category. However, the system used by the Department allowed for additional services to be added by the AAAs. In creating new services, AAAs also picked the unit type, which could result in services

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under a service category being recorded in units other than what was designated by the ACL. The table on the following page shows some instances where additional services and associated unit types were added, and used, by service providers recording information. The unit types not matching the service category are highlighted in red font in the table.

Inconsistent Unit Types in Service Categories, FFY 2023

OAA Title III Service Categories for Older Adults	ACL-Designated Unit Type of Service Category	Unit Types of ODA's Services in Service Category
Adult Day Care/Health	Hours	Days*
Assisted Transportation	One-Way Trips	One-Way Trips
Case Management	Hours	Hours, Contacts, & Assessments
Chore	Hours	Hours
Congregate Meals	Meals	Meals & Screens
Home-Delivered Meals	Meals	Meals & Checklists
Homemaker	Hours	Hours
Information and Assistance	Contacts	Contacts, Applications, Hours, & Assessments
Legal Assistance	Hours	Hours & an Unspecified Unit Type
Nutrition Education	Sessions	Sessions & an Unspecified Unit Type
Personal Care	Hours	Hours
Transportation	One-Way Trips	One-Way Trips

Sources: ODA, ACL

Note: Not included in this visual are the service categories "Health Promotion - Evidence Based", "Health Promotion - Non-Evidence Based", and "Other Services", as units in these categories are not summed for the SPR.

*ODA uses a multiplier to convert adult day care/health service days to hours for the SPR.

ODA's process for completing its SPR does not account for differences between the unit type of an OAA service and the designated unit type of the service category it is grouped into. The service mapping tool that ODA uses automatically assigns the ACL designated unit type of the service category to the service when summing units; ODA does not have a manual process to adjust for this.[31]

Because ODA's process for completing its SPR does not account for differences between the unit type of an OAA service and the designated unit type of the service category it's mapped to, units of the incorrect unit type are ultimately present in the state's SPR totals, which misrepresents the actual amounts of units served. For instance, the unit total for information and assistance in the SPR is supposed to be a count of the number of contacts made, but in Ohio's FFY 2023 SPR, we estimated that one-third of the service units that were mapped to that category in FFY 2023 were logged as hours by AAAs/providers, not contacts. A contact could take more or less than an hour; they are not equivalent. Similarly, we estimated that

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[31] The exception, wherein a manual adjustment is made, is for the adult day/health service category; ODA uses a multiplier to convert adult day care/health service days to hours for the SPR.

approximately 25 percent of case management units were logged as assessments rather than hours. This misrepresentation of the quantity of service units provided could cause ODA, ACL, or members of Congress to make improper decisions if consulting this data.

According to the Department, there is an assumption that the AAAs only log service units in the unit type used to measure the service categories set by the ACL. Because of this assumption, ODA has not considered the variation in unit types when grouping services for the SPR. However, based on interviews with the AAAs, this assumption was not determined to be accurate, calling into question the accuracy of the service data presented in the SPR.

During the course of the audit, the Department indicated that AAAs and service providers are no longer able to create service labels without the Department's approval. However, several labels still exist within the system that do not align with the ACL designated units and AAAs and providers are able to choose those services when logging service units. The inconsistency in data submissions can result in inaccurate data being submitted to the ACL and also being used by the Department in making operational decisions.

Improvement Opportunities

The Government Finance Officers Association (GFOA) recommends that all governments identify, track, and communicate performance measures, and that when communicating their performance measurements externally, the government ensure that there is clarity as to the exact source of the data, how the calculations were conducted and why, what the performance measures show, and both expected results/targets and actual results.

The Department has an opportunity to utilize data it collects for the SPR in a meaningful way to identify, track, and communicate performance measures. However, in order to do so, it must correct the issues identified in this audit to first improve overall data quality. As it seeks to obtain a new system for collecting this data, the Department should consider how to best address these issues to help ensure quality data collection efforts in the future.

Conclusion

The Department does not maintain important historic information regarding how the SPR is created on an annual basis. This puts ODA at risk for being unable to explain the logic behind the public information it provides on the programming under OAA funding. In addition, the lack of historic information prevents the Department from conducting year over year analyses of performance in a meaningful way. Further, the data that is used to populate the SPR contains service units logged as a different unit type than the service category. This misrepresentation of data may result in the Department or other entities making decisions that are misinformed.

Recommendation 6: Expand Data Utilization

In recent years, ODA has made efforts to improve its data collection and utilization for strategic decision-making. Still, there are data elements that ODA does not collect, utilize, and/or publish that would assist both the Department and outside parties in decision-making. The Department should publish a webpage, dashboard, or one-pager that displays the numbers of older Ohioans served by the various programs under its authority in a singular location. In this, ODA should incorporate a service gap element, pulling in population data to show the number of individuals it serves in context with the entire population of older Ohioans. Further, ODA should regularly collect and utilize waitlist data by region and by service to better understand regional needs. Levy data by county could also be useful in understanding the available resources at a regional level. Finally, ODA should create and publish a list of all senior centers in the state. ODA should continue its data analytics efforts and explore collecting, utilizing, and publishing data elements beyond those specifically mentioned in this recommendation.

Impact

Improved data analytics efforts from the Department can aide it in achieving its mission. Identifying and understanding program operations and impacts on a region-by-region basis can allow for the strategic and timely distribution of resources. Additionally, understanding funding variation between AAAs and the impact of local levies on the aging network generally can help the Department to identify areas with unmet needs. Finally, maintaining and publishing information regarding senior centers or other providers allows the Department to be a resource for older Ohioans seeking a central location for information on available services.

Background

ODA formed the Program Analytics and Evaluation Division (PAED) in 2024 so that data analysts could work together as a unit. PAED completes standard reporting for the Department, ensures ongoing quality assurance, and fulfills ad hoc data requests from leadership and other divisions. Analysts were completing this work before the formation of the Division, but the scope of work grew when the Division was formed to include work on larger projects, like improvements to the Long-Term Care Quality Navigator. PAED reports that generally, they're working to improve the consistency, timeliness, and quality of their fulfillment of data requests.

ODA's prime accomplishment related to data utilization in recent years was the production and publication of the Long-Term Care Quality Navigator, previously called the Nursing Home Quality Navigator. The Ohio Governor's Nursing Home Quality and Accountability Task Force produced an initial "Recommendations Report" in May of 2023, which provided an overview of the task force's work and recommended actionable solutions to improve the quality of care and quality of life provided at nursing homes throughout Ohio. Stemming from one of the recommendations, the Nursing Home Quality Navigator was created and released as a public-facing dashboard with detailed data and information on nursing home quality. This tool included a searchable map of active nursing homes and associated data to help aid Ohioans when

considering a nursing home for themselves or loved ones. The Navigator is a nationally recognized online tool, even winning the State IT Recognition Award for Data Management & Analytics from the National Association of State Chief Information Officers (NASCIO). A new version of the tool that includes assisted living facility data was launched in February of 2025, prompting a rebranding to the Long-Term Care Quality Navigator. Since going live, the Navigator has been viewed nearly 100,000 times. It ranked as the most-visited site on the ODA website for months afterward and was among the top 10 most-visited pages on the Department's website as of October 2024.

Methodology

During the course of the audit, we conducted a series of interviews with representatives from ODA's Executive Division, as well as representatives from other divisions, including the Elder Connections Division (ECD), Division for Community Living (DCL), Information Systems Division (ISD), Program Analytics and Evaluation Division (PAED), and Quality Initiatives Division (QID). During these discussions, we discussed the data elements ODA collects and utilizes for strategic decision-making. We compared this information to GFOA best practices.

Analysis

According to the GFOA, all organizations should identify, track, and communicate performance measures to monitor financial and budgetary status, service delivery, program outcomes, and community conditions. As discussed, ODA has recently made significant strides in the utilization of data pertaining to quality and compliance of long-term care facilities. Still, ODA has opportunities to collect and utilize more data elements for strategic decision-making, and it has opportunities to publish more data for public viewing. The Department should work with the AAAs and other stakeholders to identify the extent to which this information is already being collected and work with them to aggregate it.

Program Impacts

While the Department is required to submit an annual report to the Governor's office under ORC § 121.18, ODA has not published a webpage, dashboard, or one-pager that displays the numbers of older Ohioans served by the various programs under its authority (which includes Older Americans Act services, PASSPORT, Assisted Living, PACE, and ombudsman services) all in a singular location. Currently, this information is scattered across multiple locations.

- The unduplicated count of registered consumers served in a federal fiscal year under Clusters 1 & 2 OAA services, as well as the estimated unduplicated count of unregistered persons receiving Cluster 3 OAA services, can be found in Ohio's State Performance Report (SPR). While ODA has more recent SPRs, the most recent publicly available SPR, found on ACL's AGID portal, is from FFY 2021.
- The monthly counts of PASSPORT, Assisted Living, and PACE participants are available on ODA's Medicaid Waiver Program Data webpage; these counts are pulled

from ODA's PASSPORT Information Management System and regularly updated on the webpage.

- The count of individuals receiving ombudsman services annually (i.e., number of cases closed in a year) can be found in reports on the National Ombudsman Reporting System (NORS) website; while ODA has more recent data, the most recent publicly available data on cases closed by state is from FFY 2023.

Many of these client counts are not readily available to those that don't already have an established understanding of what programs are under ODA's authority and where to look for the counts. Publishing a summary of the clients served under all programs under ODA's authority would help ODA, the Legislature, other State agencies, private organizations, and private citizens to better understand the full scope of older Ohioans ODA serves. Incorporating a service gap element (i.e., comparing the number of older Ohioans served to the number that could be served) would help ODA and other parties to understand ODA's exact reach in the state and how it might expand that reach.

Local Information

The number of Ohioans over 60 has grown over the last decade; the growth in federal Older Americans Act funds have not kept pace with this population growth. When funding for service cannot meet the demand for services, waitlists for services can build. ODA does not regularly collect and utilize waitlist data from AAAs for strategic decision-making. In **Appendix E** of the template for their 2023-2026 strategic area plans, AAAs did submit some waiting list data for its OAA Title III services to ODA. However, these waiting list counts are from 2022, and there is no evidence that ODA had aggregated these counts from PDFs into a spreadsheet and strategically utilized them for decision-making. Regularly collecting and utilizing waitlist data from AAAs would help ODA to better understand which regions are experiencing the most unmet demand, which would help the Department to better understand where to direct assistance.

ORC § 5705.71 authorizes counties to vote on and pass levies to support senior citizens services or facilities. Miami University of Ohio's Scripps Gerontology Center estimates that in 2019, $218 million in revenue was raised from county senior services levies. Local levy revenue greatly impacts an aging organization's ability to meet demand for services in their area beyond what they can provide with federal and state funds. ODA does not regularly collect and utilize senior services levy data. Rather, ODA's Director stated that the Department refers to senior services levy reports created by two other organizations: the Center for Community Solutions and the Scripps Gerontology Center, whose most recent reports are from 2018 and 2021, respectively. The exact, up-to-date differences in levy revenues raised by county, as well as the differences in access to levy revenue held by AAAs and other aging organizations, is important context for ODA to understand when making policy decisions.

Senior Center Database

The Department does not publish a singular, comprehensive source of senior centers located in Ohio. The Department identified that the definition of senior center is not specific, and therefore it is difficult to compile a comprehensive list. However, ODA officials indicated that the Department had considered developing a form to allow organizations to self-identify as a senior center. The Department acknowledged that this information could be helpful. Creating and publishing a list of all senior centers in Ohio would help ODA to better understand the full scope of aging organizations assisting older Ohioans in the state, and it would assist older Ohioans in identifying and accessing local services.

Conclusion

ODA has focused its data collection and utilization efforts in recent years on long-term care facilities and made significant improvements. As it continues to expand these efforts, the Department should leverage existing data to make more informed decisions regarding strategic planning. In addition, data can be published online in an accessible manner to improve visibility into the programming provided by funding distributed through ODA.

State Long-Term Care Ombudsman

The State Long-Term Care Ombudsman Program (SLTCO or the Program) is a program within the Department of Aging that is responsible for helping the residents of long-term care facilities in Ohio. The SLTCO is required under federal law and, while housed within the Department of Aging, is an independent entity as required by the Older Americans Act.

While the Department of Aging houses the Program at the state level, the day-to-day activities of investigating and resolving complaints are managed by 12 regional offices, which geographically align with the 12 regional AAA offices. At the regional level, there are more than 250 staff and volunteers that visit facilities on routine basis and investigate and help to resolve complaints and other issues faced by residents of facilities. The regional offices operate independently but receive funding from Aging and provide data regarding the services provided.

These regional offices ultimately are carrying out the major tasks of the program, including conducting regular presence visits[32] to create awareness of the program and the services it provides, and addressing matters related to the investigation of specific complaints. Regional plans [33]are completed by each region utilizing a template provided by the SLTCO in order to set goals for the coming year. The state office monitors regular presence visits, time to case close, and other metrics, through their data system and conducts reviews with each regional office annually in order to review goal progress for the regional plan, as well as Quarterly Quality Meetings as part of a new initiative.

Nursing Home Quality Task Force

In 2023, Governor DeWine called for a task force to examine the state of long-term care facilities in Ohio.

In May of 2023, the Nursing Home Quality and Accountability Task Force produced a recommendations report which provided "an overview of the Task Force's work to recommend actionable solutions to improve the quality of care and quality of life provided at nursing homes throughout Ohio". This resulted in increased focus on the Ombudsman, leading to some restructuring for the program. As part of these recent developments, ombudsman program experienced an increase in funding during the FY 2024-FY 2025 biennium to implement nursing home quality initiatives. Included in this were initiatives to expand staff and standardize operations and training in the state long-term care ombudsman program. This included the addition of 12 positions within the SLTCO office, including 6 field liaison positions.

Also, as part of House Bill 33 - 135th General Assembly, the ombudsman program began receiving funds from the nursing home franchise permit fee fund. The Franchise Fees are distributed to regional offices using a base formula with some regional ombudsman programs receiving additional funds based on a gap formula.

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[32] ACL collects data on the percentage of facilities that receive quarterly, routine visits.
[33] Regional Ombudsman annual plans are different from AAA area plans tied to the state plan on aging.

Although each regional ombudsman program is tasked with the same duties (ORC § 173.16 - 173.18), including providing support to and advocacy for LTC residents throughout their region, there are many differences and complexities that result in variations of regional outputs. The visual below shows the number of Cases managed, the number of Ombudsman Staff and Volunteers, and the total funding available to the regional program.

FFY 2024 SLTCO Regional Data

REGION 1 | $1,094,357		
13	44	508
Staff	Volunteers	Cases

REGION 2 | $586,796		
8	15	381
Staff	Volunteers	Cases

REGION 3 | $375,259		
5	2	57
Staff	Volunteers	Cases

REGION 4 | $890,744		
8	20	375
Staff	Volunteers	Cases

REGION 5 | $381,547		
5	24	173
Staff	Volunteers	Cases

REGION 6 | $683,195		
10	17	676
Staff	Volunteers	Cases

REGION 7 | $524,620		
4	10	300
Staff	Volunteers	Cases

REGION 8 | $259,960		
3	11	119
Staff	Volunteers	Cases

REGION 9 | $828,503		
5	6	616
Staff	Volunteers	Cases

REGION 10a | $1,209,856		
15	23	1,087
Staff	Volunteers	Cases

REGION 10b | $2,051,979		
13	29	1,447
Staff	Volunteers	Cases

REGION 11 | $1,094,357		
8	19	361
Staff	Volunteers	Cases

Source: SLTCO and Census.gov

Funding for the regional SLTCO ranges from approximately $260,000 to $2 million. This variation is the result of a variety of factors. Funding for the SLTCO is provided by GRF allocations, OAA Title VII funding, local tax revenue, and various fees. In addition, AAAs were able to provide a portion of OAA Title III funding to regional SLTCO offices. Notably, the base-level funding from the OAA for Title III funding is currently set at FFY 2019 levels. This means that the local AAA must continue to provide the same funding to the local SLTCO as it did in FFY 2019. As a result of AAAs contributing to the ombudsman program at varying levels during that time, some regional programs are now better funded than others.

According to federal and state laws, the primary function of the SLTCO is to serve as an advocate for residents in nursing homes and assisted living facilities; this is done by employees and volunteers at the regional level. In Ohio, individuals in adult care facilities and group homes

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are also served by the SLTCO, which goes beyond the basic requirements set in federal law.[34] In addition to serving individuals in care facilities, employees and volunteers working for regional SLTCO offices also serve as advocates for individuals utilizing home and community-based services. Individuals who work as ombudsmen are state-certified advocates who help individuals know and exercise their rights in care facilities.

We reviewed the operational efficiency and effectiveness of the SLTCO and identified three recommendations that will assist in improving overall operations. These recommendations are based in compliance with applicable laws and regulations as well as adherence to best practices for planning. By implementing these recommendations at the state level, the SLTCO will be able to better guide the regional offices to improve overall advocacy for individuals and families utilizing the services described above.

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[34] The Ohio LTCOP has a scope of work beyond just Nursing homes, Residential Care Facilities and Residential Care Facilities Class 2, as they also cover: Adult Foster Homes, Couty Homes, and Long-term Acute Care Hospitals, as well as Home and Community Based Services (HCBS).

Recommendation 7: Produce and Publish Required Annual Report

The State Long Term Care Ombudsman is required by ORC § 173.17(A)(8)(a) to prepare and submit an annual report to the Governor and other officials with information including the complaints and issues raised by or on behalf of residents of long-term care facilities in Ohio. The report is also required to include recommendations for any policy, regulatory, or legislative changes that might help to resolve issues and improve the quality of care and life for residents. The last annual report prepared by the SLTCO was prior to 2020. To improve the transparency of the SLTCO, it should prepare and publish the required annual report in a timely manner.

Impact

An annual report is an opportunity to promote the activities of the Program and reflect on strengths and weaknesses. Adhering to this legal requirement will help the SLTCO in its responsibility to advocate on behalf of those living in long-term care facilities.

Methodology

After reviewing relevant state and federal laws and regulations, we conducted interviews with staff within the SLTCO. We also interviewed the National Ombudsman Coordinator at the Administration for Community Living, a federal agency that works to ensure older Americans and individuals with disabilities are able to live where they choose and participate in the community.

Analysis

According to ORC § 173.17(A)(8)(a) the SLTCO must prepare an annual report and submit it to the Governor, Speaker of the House of Representatives, President of the Senate, Director of Health, Medicaid Director, Director of Job and Family Services, the Director of Mental Health and Addiction Services, and the Assistant Secretary for Aging of the United States Department of Health and Human Services. This report must contain information regarding the types of problems experienced by residents and complaints made by or on behalf of residents. In addition, the report must include recommendations for policy, regulatory, and legislative changes designed to solve problems, resolve complaints, and improve the quality of care and life for residents.[35]

We requested copies of annual reports published between FY 2019 and FY 2023 and determined, based on information provided, that the most recent report was created and published in FY 2016. Officials from SLTCO indicated that due to the COVID-19 pandemic, reports were not

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[35] Federal law also requires an annual report that mirrors the ORC requirements. There have been some changes to guidance regarding the federally required report, but this does not impact the state requirements.

issued as required during the timeframe that we analyzed. However, it should be noted that the state did not lift the reporting requirement during this period.

By failing to produce and submit an annual report, the SLTCO is out of compliance with state law. Further, it is missing out on an opportunity to publicly update Ohioans on the efforts and outcomes of the program. It is also missing a formal opportunity to advocate directly to the legislature on behalf of residents in long-term care facilities through the use of a formal, annual report.

Conclusion

There are federal and state requirements that call for the SLTCO to publish an annual report with information related to quality of care and life for residents and recipients, as well as findings regarding problem types and complaints. Due to a variety of factors, the Ohio SLTCO has not published this required report in more than five years. The Office should prioritize publishing a report in accordance with appropriate laws and guidelines. In doing so, it will help to improve the transparency of the Office and provide insight into the care received by individuals in long-term facilities. This will allow the SLTCO highlight any pressing needs and provides an additional opportunity to directly advocate on behalf of its constituents.

Recommendation 8: Standardize Discharge Notice Process

Prior to an individual being transferred or discharged from a skilled nursing facility, it must send a copy of the notice to the SLTCO. There are various methods by which the SLTCO receives discharge notices and there is no regulation requiring that data be tracked or utilized. Prior to the audit, the SLTCO was collecting data related to discharge notices, however, in 2024, the SLTCO stopped internal tracking related to the notices. Because the SLTCO is not tracking the discharge notices, it is missing out on an opportunity to gather data that would be useful to improving the experience of residents. The SLTCO should work with relevant stakeholders to carry out an effort to create a template discharge form to standardize the format in which notices are submitted and also the data that is provided by each facility. In doing so, the SLTCO can improve data quality and improve the experience of Ohioans living in these facilities.

Impact

Improved data collection efforts and standardized data can assist the SLTCO with better understanding the needs of the aging community across Ohio. This in turn can assist with the strategic deployment of resources based on identified trends at the regional level. This data can also be used to develop a long-term strategic plan as discussed in **Recommendation 9**.

Background

Individuals in a long-term care facility may be discharged or transferred for a variety of reasons. However, according to the federal Nursing Home Reform Law of 1987, individuals cannot be discharged or transferred unless a permissible reason exists. These reasons include the nursing home's inability to provide adequate care, improvement of a resident's health to no longer need services, the safety of individuals in the facility, lack of payment, or facility closure. If a transfer or discharge is deemed appropriate and necessary, the facility must record the reason for transfer and notify the resident and their family or legal representative. Copies of these discharge notices must be sent to specific entities, including the SLTCO, who must then disperse the notices to the appropriate regional ombudsman office.

As part of their current process, specific staff members are assigned to reviewing the received notices, which includes daily checks of the relevant email inboxes. The Ombudsman follows up with facilities which have not included the necessary information within a notice document. Throughout a discharge or transfer process, a resident can contact the Ombudsman to appeal and must do so before the date of discharge, highlighting the importance of timely and accurate information throughout a discharge process.

Over the 2024 calendar year, the Ombudsman indicated it had received more than 900 discharges notices via mail and email. It is important that until recently, "facility initiated" discharge notices were the only type which had to be sent to Long-Term Care Ombudsman Programs (LTCOP)

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across the country, per federal guidance. However, an update to that federal requirement this year now requires all discharge notices be sent to LTCOP, indicating a projected increase in the volume of notices the SLTCO will be receiving.

Methodology

After reviewing relevant state and federal laws, we conducted interviews with SLTCO leadership to understand the process of receiving and processing discharge notifications. We also interviewed individuals from state agencies outside of Ohio to understand how other entities manage this process.

Analysis

According to federal law, before a resident is transferred or discharged from a facility the facility must provide 30 days written notice to the patient and their family or legal representative. In addition, the facility must send a copy of the discharge notice to the SLTCO and the Department of Health. According to the federal requirements, there are seven required components of the notice, five of which are relevant to the SLTCO.[36] When the SLTCO receives a copy of a discharge notice, it is responsible for distributing it to the appropriate regional office.

While the federal law provides guidance on what must be contained in the notice, it does not provide the method by which notices should be sent to the SLTCO. However, according to the Department of Health and Human Services, Office of Inspector General, a template is recommended to ensure the accuracy of information provided by facilities.[37] We identified multiple states that utilized a template for the discharge notice that included the first five elements identified by federal law. A template would allow for standardized information being sent by the facilities, which would make it easier to consolidate data. In addition to using a template, we found at least one state, Connecticut, that uses a web-based portal for facilities to submit discharge notices. According to officials from Connecticut, it was believed that the system allows for more efficient submissions, improved data collection and retention, and quicker responses to resident discharges.

Data Tracking

Though there is no requirement to track data related to the discharge notices, these documents provide valuable information that can assist the SLTCO in better advocating for residents. In our interviews, we found that issues related to discharges are one of the primary areas of concern that

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[36] In addition to elements relevant to the SLTCO, certain residents must receive information regarding rights and protections under the Developmental Disabilities Assistance and Bill of Rights Act as well as the Protection and Advocacy for Mentally Ill Individuals Act.

[37] The Department of Health and Human Services, Office of Inspector General published their recommendations to CMS (The Centers for Medicare & Medicaid) in March 2024. CMS responded to the recommendation, CMS provide a standard notice template to help nursing homes provide complete and accurate information to residents facing discharge and Ombudsmen, by agreeing with the intent of the recommendation.

require investigation by the SLTCO. Discharge and eviction related complaints were one of the top two complaint types annually between 2020 and 2023 in Ohio. While facilities are required to submit a copy of the discharge notice to the SLTCO, Program officials estimate that up to two-thirds of notices are not actually submitted. In addition, the information sent to the SLTCO may be incomplete. Previously the SLTCO recorded statewide discharge data in a spreadsheet, however due to incomplete and inaccurate data, analyzing any trends would be difficult. In addition, during the course of this audit it ceased this practice to focus on other operational priorities. The chart below is showing the information previously tracked by the SLTCO compared to the federally required elements of a discharge notice.

Discharge Notice Elements Tracked

⇆	**Reason for Transfer or Discharge**	✓
📅	**Effective Date of Transfer or Discharge**	✗
🗺	**Location the Resident is Transferred or Discharged**	✗
📋	**Statement of the Resident's Appeal Rights**	✗
🪪	**Office of the State Long- Term Care Ombudsman Contact Details**	✗

Source: SLTCO

The primary purpose of the notification is to provide information to the resident and their family or legal representatives regarding discharges or transfers. SLTCO should work with other stakeholders to develop a template that can be provided to facilities to standardize how required information is provided to the resident. This standardized template would help to ensure residents and their advocates are receiving all relevant information related to the discharge or transfer. In addition, the data that is received by SLTCO could be analyzed to identify trends that help to guide the Program's long-term strategic plan. Specifically, SLTCO leadership indicated this data could allow them to better understand the locations to which residents are being discharged as well as identify facilities or regions that have few discharge submissions.

Conclusion

The SLTCOP receives copies of discharge and transfer notices in a variety of formats, which can lead to the information included within the notice being incomplete or inaccurate. Because of this inconsistency the Office is unable to easily consolidate and track data related to notices. By developing a mechanism that allows nursing facilities to consistently and accurately provide

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discharge notices, the Office can work to improve the accuracy and consistency of information provided in discharge notifications. At a minimum, the SLTCO should develop a discharge notification template that can be utilized by all care facilities, while also investigating the feasibility of developing a web-based portal to receive discharge notifications. By developing and advising facilities to use a template, the SLTCO will ensure that correct information is submitted, and enable the office to consistently capture data related to resident discharges. Whether through the use of a template or a portal, the SLTCO will be able to collect and organize data more easily so that in the future the SLTCO can use it to improve overall care and quality of services provided to residents.

Recommendation 9: Develop and Enhance Statewide Strategic Plan

A formal strategic plan helps organizations make decisions that will benefit long-term goals. Currently, the SLTCO does not have a formalized strategic plan that aligns with the long-term goals of the Office. Further, the SLTCO has not established state-level performance indicators that align with the metrics being utilized by the regional offices. The SLTCO should develop a formal strategic plan and implement performance indicators that tie to goals identified in the plan. Data related to the performance indicators should be collected and measured to routinely assess the overall performance of the SLTCO program.

Impact

Decisions about the future are limited by the quality of the data and information that guide them. It is difficult to determine what direction an organization should take when it is uncertain as to where it has been or where it is currently. Furthermore, it is difficult for an organization to fully understand its current situation without a strong plan for future action. Developing a formalized strategic plan with statewide Key Performance Indicators (KPIs) will allow the SLTCO to better assess the success of the program towards goals using quantitative and qualitative metrics, and to ensure program alignment between state and regional focuses.

Background

In 2023, Governor DeWine initiated the Nursing Home Quality Task Force (NHQTF or the Task Force) through executive order. The intent of the NHQTF was to examine the state of long-term care facilities in Ohio. The Task Force issued a report in May 2023 with recommendations that provided an overview of its work.[38] The report and recommendations led to an increased focus on the operations of the SLTCO, leading to some restructuring of the program. Stemming from the recommendations, the SLTCO received additional funding in the state's FY 2024 biennial budget. This funding was intended to implement the recommendations and initiatives outlined in the NHQTF report. To accomplish carrying out the five elements established by the taskforce, the SLTCO developed a communication strategy that incorporated KPI targets, assess quality performance and improvement opportunities, and expanded state-level staffing.[39]

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[38] The recommendations affected several state agencies, including the Department of Aging. The recommendations delivered to the State Long-term Care Ombudsman programs were: 1. Expand staff and standardize operations and training in the State Long-Term Care Ombudsman Program, emphasizing special attention to isolated residents. 2. Educate consumers on the role of a long-term care Ombudsman to advocate for the health, safety, welfare, and rights of nursing home residents and how to access their support.

[39] The five elements established by the task force were: Enhanced ombudsman presence, strengthened ombudsman performance, enhanced LTC network engagement, enabling capabilities, and empower residents, that serve as the foundation for the next gen Long-term Care Ombudsman program.

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Methodology

We first interviewed relevant staff within the SLTCO to understand the Program's strategic planning process. We then compared the Department's planning practices to industry standards and best practices to identify areas for improvement.

During these interviews we were told that there was no official strategic plan in place to identify elements that could be included in a strategic plan, we then requested data that the SLTCO submits to the Administration for Community Living on an annual basis. Once we received this data, we reviewed and analyzed it to identify any trends within Ohio and compared the data to national data. We then interviewed the SLTCO leadership team to better understand how the Office utilizes data at the state and regional level.

Analysis

The SLTCO has been using the "Nursing Home Quality and Accountability Compendium of Deliverables," a document outlining a strategy which stemmed from the NHQTF recommendations, and synthesized progress across various workstreams. In conversations with key personnel within ODA, we received differing responses on whether the Compendium was a strategic plan for the SLTCO. While many elements of a strategic plan exist within the document, it was indicated to be "preliminary" and "non-exhaustive", per disclaimers within the document itself. Additionally, notated on the pages were the words "intended to provide insight on currently available information for consideration and not specific advice". While the SLTCO has utilized this information as a short-term guide, the document itself is not sufficient to be considered a long-term strategic plan. This is in large part due to the document timeline of key events expiring in January 2025.

A formal, long-term strategic plan provides a framework for decision making. A long-term strategic plan identifies goals over a period of years and provides information to the SLTCO on how available resources can be used to achieve those goals.

ACL published a strategic planning toolkit with specific information that can be used by the long-term care ombudsman office. According to the toolkit, a strategic plan provides a sense of direction and outlines measurable goals, it can be used as a tool to guide day-to-day decisions as well as evaluating progress and changing approaches as operational circumstances evolve over time. A strategic plan should contain goals that reflect broad, long-term outcomes that the ombudsman office anticipates achieving. Overall, the toolkit is designed to help align larger organizational goals with regional office goals.

Additionally, GFOA provides best practice guidance to governmental entities. GFOA defines strategic planning as "the act of articulating where or what an organization wants to be in the future and includes the design of a vision and identification of goals and objectives. It relates to long-term financial planning, developing financial policies, capital improvement planning, and budgeting, but is inherently different. Each process fulfills a different combination of planning

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purposes. As such, strategic planning is most valuable when accompanied by these other planning processes." Key steps in the strategic planning process include:

- Initiating the strategic planning process;
- Assessing and identifying environmental factors and critical issues;
- Identifying the most critical problems facing the organization and the community;
- Developing a vision to address each problem;
- Developing strategies, which define how the organization will achieve the vision, and tactics, which put a strategy into action;
- Obtaining approval of the plan; and
- Implementing, monitoring, and reassessing the plan.

Generally, the Compendium which the SLTCO has been referencing since June of 2024 aligns well with most of the elements listed within the criteria above. However, the strategy timeline spanned June 2024 to January of 2025, which resembles a short-term action plan rather than a long-term strategic plan. In addition, the document provided by ODA was identified as a draft, indicating that it had never been formally approved by the Department.

Additionally, per the ACL strategic planning toolkit, aligning organizational goals with regional office goals is critical. In Ohio, the SLTCO is involved heavily in the regional planning process as they provide the template to each regional office which contains parameters that align with focus areas determined by the SLTCO. Further opportunity exists to more formally lay out the goals of the program statewide, which is described in the next section.

Data Collection and Plan Creation

Data collection and utilization is an important piece to strategic planning. Throughout our review of the SLTCO, we identified a large amount of data that is tracked and maintained in the Ombudsman Data and Information System (ODIS). This information is already used to monitor and evaluate programs at the regional level. In addition, the SLTCO provides guidance to the regions on establishing goals and baseline metrics contained in regional plans. As discussed previously, regional offices submit plans for their region for each year. In early 2024, the SLTCO transitioned guidance for regional plan objectives to reflect SMART goals. While this transition is still a work in progress, this format allows for more impactful review at plan conclusion and throughout the year. While various reviews were already part of their process, the SLTCO recently implemented Quarterly Quality Meetings reviews. These focus on key metric areas, supported by collected data, in order to give the regions more "during plan year" feedback.

In the table below you can see variation amongst the program regions in key metrics identified by the SLTCO for the program, and examples of data points which are examined by the SLTCO as data exists to calculate these metrics.[40]

Regional Ombudsman Key Metric Max, Min, and Average

Metric	Max	Min	State Average
Area (Sq. Mi)	5,155	2,061	3,735
Number of Nursing Facilities (NF)	150	23	79
NF Receiving 4 Quarterly Visits	100%	5%	66%
Days to Case Close	121	19	65
Days Responding to Complaints	5.8	1	3
Resolution Rate	97%	82%	91%

Source: ODIS and Census.gov

While the data exists to monitor the key metrics identified by the SLTCO in interviews, there are few examples of established statewide metrics in place to track the program overall. This is in part due to identified variation amongst the regions, meaning one identified benchmark may not be accounting for important elements impacting output.[41] Developing statewide benchmarks may come with caveats, however without them the SLTCO is lacking in ability to monitor and assess the program at a statewide level, which is especially important given that their understanding is Ohio is difficult to compare to peer states (a typical benchmark) due to their scope of work.

Given that regions are designing plans with a focus on SMART goals, at a minimum the SLTCO can aggregate the results of regional plans to determine what proportion of goals set prior to a plan year were met. No evidence exists to suggest this is being done currently. This process would give the SLTCO more visibility into if goals are being met statewide.

More specifically, establishing formal statewide goals for the program within a long-term strategic plan could help create a more concrete guide for evaluating the current state and trend of the program. This would further align the regional offices with the state office's goals, as the statewide goals would be informed by regional goals.

Conclusion

A formal strategic plan with identified goals would help to adequately guide and prioritize the needs of the SLTCO program. Without defining goals, the state long-term care ombudsman program may not be able to communicate efforts to address statewide problems, needs, challenges, or opportunities. Also, without defining state-level goals, there is a risk that regional

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[40] Included amongst them are Resolution Rate, Regular Presence Visits, Time Responding to Complaints, and Time to Case Close as the SLTCO identified these as key metrics for the program.
[41] For instance, the SLTCO identified MyCare cases as taking more time and therefore a region with more of these cases may have an inflated "days to case close" value.

goals will not align with state-level priorities and the state office will be unable to evaluate the success or needs of the entire program due to the inability to determine if the objectives of the state program were achieved. The SLTCO should develop a formal strategic plan that has measurable goals so that it can monitor the effectiveness of programs.

Client Response Letter

Audit standards and AOS policy allow clients to provide a written response to an audit. The letter on the following pages is the Department's official statement in regards to this performance audit. Throughout the audit process, staff met with Department officials to ensure substantial agreement on the factual information presented in the report. When the Department disagreed with information that was presented, and provided supporting documentation, revisions were made to the audit report.

Department of Aging

June 5, 2025

Keith Faber, Auditor of State (AOS)
65 East State Street
Columbus, Ohio 43215

Auditor Faber:

The Ohio Department of Aging (ODA) appreciates the opportunity to review the draft performance audit and provide this formal response. ODA shares your commitment to government efficiency, public accountability and operational excellence, especially as we serve one of Ohio's fastest-growing and most consequential populations—older adults and their families.

Today's aging landscape is dynamic, and the public deserves a strategic state unit on aging that can design and deliver effective services with speed, efficiency, and transparency. ODA is committed to leading with a bold vision that advances a healthy aging imperative that prioritizes the overall wellbeing of older adults, cost-savings, and data-informed innovation.

Importantly, this audit and other recently released financial audits found no ODA deficiencies in programmatic performance, internal controls related to financial and data reporting, fraud assessment activities, grants management, or oversight operations. We welcome the opportunity to reinforce our unwavering accountability to all Ohioans.

- *Workforce Turnover (Recommendation 1)*
  ODA's staffing shifts largely mirrored national trends driven by COVID-19. As stated within the audit report, approximately 65% of departures were due to retirements, interagency promotions and transfers, or health. As identified, turnover has dropped to 8.9% in 2024, following targeted recruitment, leadership development, and an agencywide organizational health assessment completed in 2023.

  ODA's voluntary exit interview process yielded low response rates. During the engagement period, ODA implemented a more effective and engaging process of in-person discussions which increased participation to 71% in 2025.

  Turnover contributes to organizational change, but institutional knowledge is preserved through deliberate processes. ODA safeguards institutional expertise through systematic documentation, retention efforts, strategic hiring, and professional development– ensuring alignment with the U.S. Government Accountability Office's Green Book principles. ODA is comprised of a high performing team of experienced professionals in health and human services across the industry.

- *State Plan on Aging (Recommendation 2)*
  Ohio's State Plan on Aging (plan) is regarded as a national model by the U.S. Department of Health and Human Services Administration for Community Living (ACL). The plan is more than a compliance document—it is a multisector plan to address the root causes of aging-related needs beyond ODA funded services. It sets a long-term vision for healthy aging using evidence-based strategies and interventions. The Healthy Aging grant distributed to 85 counties was modeled on the plan and

showed a 3:1 return, reducing Medicaid costs by over 5% and increasing Ohio's GDP by over 2% at scale.

The planning for the 2027-2030 State Plan on Aging includes the further development of both broad public health and program specific plan metrics in alignment with the auditor's recommendations. Dedicated staff will continue to monitor and document progress for established measures, reinforcing accountability and effectiveness in the plan's implementation.

- *Communication with Key Constituent Organizations (Recommendation 3)*
  ODA is dedicated to strengthening feedback mechanisms and optimizing communication strategies to subrecipients and its stakeholders. ODA designates and monitors AAAs as subrecipients, and as an instrumentality of ODA, responsible for implementing programs and services in accordance with state and federal guidelines. Regular two-way communication with AAA staff and leadership is facilitated through formal notices, regulatory updates, standing executive, program, and fiscal sessions, as well as ad hoc meetings and written technical assistance responses.

  ODA maintained regular engagement with AAAs throughout federal COVID-19 unwinding mandates, a federal pilot implementation, Older Americans Act regulatory changes, system visioning efforts, Medicaid system transitions, and MyCare expansions. ODA has bolstered engagement with its stakeholders to include nursing homes, assisted living facilities, adult day providers, county commissioners, aging advocacy groups, and older Ohioans and their families in an effort to better serve older Ohioans.

  ODA is compliant with Ohio's rule making development process and exceeds those standards. Importantly, the Senior Farmer's Market Nutrition Program modernization pilot increased the number of participants and the amount of grant funds expended.

- *Strategic Oversight and Data Modernization (Recommendations 4-6)*
  ODA agrees that modern data systems are essential. During the engagement period, ODA centralized its program analytics and evaluation functions into a single division and launched a statewide information technology transformation. ODA also received national recognition from the National Association of State Chief Information Officers (NASCIO) for the Nursing Home Quality Navigator, and established an internal command center that analyzes 22 million data points in seconds, serving as a model for real-time, actionable data use.

  ODA manages multiple legacy systems supporting aging services, some of which interface with the Ohio Department of Medicaid. ODA has already taken steps to examine the approval process for user access and timeliness in alignment with the audit recommendation, while ensuring security and safeguarding privacy, including protecting personal health information.

  The State Program Report has consistently met federal reporting requirements. ODA agrees with the audit recommendation on the current system's limitations and issued an RFP for a new system. A vendor was selected to develop a new data system for federal reporting and program management to capture historical information and categorize services in a standardized manner.

  ODA is continuing to expand its data platform to allow for system-wide integration, real-time access for AAAs, and tracking of service-level outcomes. The audit's recommendations around dashboards and strategic planning align with ODA's ongoing efforts.

- *Office of the State Long-Term Care Ombudsman (Recommendations 7-9)*
  The State Long-Term Care Ombudsman's (SLTCO) capacity was uniquely affected by the COVID-19 pandemic as the chief advocates for nursing home residents. As a result, ACL waived the federal requirement for an annual report from 2020 through the audit engagement. ODA ensured public

transparency by incorporating ombudsman-related efforts within the ODA annual report during this engagement. In alignment with the auditor's recommendation, the SLTCO is finalizing a standalone 2024 report to meet state and federal reporting requirements.

While the SLTCO does not have regulatory authority regarding discharge notifications, SLTCO is pleased to collaborate with other state department(s) to develop a template discharge form to potentially improve the quality of data submitted by facilities. The SLTCO will continue to use the robust data obtained through direct services to support individuals experiencing these difficulties.

ODA acknowledges the audit's recommendation of a formalized SLTCO strategic plan. The SLTCO strategic plan was developed during this engagement and is pending publication. The plan incorporates established strategic steps and clarifies alignment with state office goals, regional plan objectives, and established performance indicators.

ODA looks forward to continued collaboration with the Auditor of State's Ohio Performance Team and welcomes future opportunities to align oversight with our shared mission of advancing better health, security, and dignity for all older Ohioans.

Sincerely,

Ursel J. McElroy, Director

Appendix A: Purpose, Methodology, Scope, and Objectives of the Audit

Performance Audit Purpose and Overview

Performance audits provide objective analysis to assist management and those charged with governance and oversight to improve program performance and operations, reduce costs, facilitate decision making by parties with responsibility to oversee or initiate corrective action, and contribute to public accountability.

Generally accepted government auditing standards (GAGAS) require that a performance audit be planned and performed so as to obtain sufficient, appropriate evidence to provide a reasonable basis for findings and conclusions based on audit objectives. Objectives are what the audit is intended to accomplish and can be thought of as questions about the program that the auditors seek to answer based on evidence obtained and assessed against criteria.

We conducted this performance audit in accordance with GAGAS. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Audit Scope and Objectives

In order to provide the Department with appropriate, data driven, recommendations, the following questions were assessed within each of the agreed upon scope areas:

Audit Scope, Objectives, and Recommendations

Objective	Recommendation
State Long-Term Care Ombudsman Program	
What opportunities exist to improve the Long-Term Care Ombudsman Office?	**R.7, R.8, R.9**
Ohio Aging Network Relationships	
What opportunities exist to enhance strategic cooperation between the Department of Aging and it's stakeholders, including the AAAs?	**R.1, R.2, R.3, R.4, R.6**
State Unit on Aging Operations	

What opportunities exist to improve ODA's processes for carrying out their responsibilities as a State Unit on Aging, including but not limited to the processes of sub recipient allocation and monitoring?	**R.1, R.2, R.3, R.5, R.6**
Internal Staffing	
What opportunities exist to improve ODA's internal staffing practices?	**R.1, R.3**

Although assessment of internal controls was not specifically an objective of this performance audit, internal controls were considered and evaluated when applicable to scope areas and objectives. The following internal control components and underlying principles were relevant to our audit objectives:[42]

- Control environment:
    - We considered the Department's control of its financial and data reporting systems.
    - We considered the Department's controls surrounding grants management.
- Risk Assessment:
    - We considered the Department's activities to assess fraud risks.
- Information and Communication:
    - We considered the Department's use of quality information in relation to its financial and data reporting to ACL, including data from its WellSky system and from ODIS.
- Control Activities:
    - We considered the Department's compliance with applicable laws and contracts, including with outside stakeholders and employees
- Monitoring:
    - We considered the Department's monitoring activities concerning its grant allocations and regional AAA activities.

No internal control deficiencies were identified during the course of the audit.

Audit Methodology

To complete this performance audit, auditors gathered data, conducted interviews with numerous individuals associated with the areas of Department operations included in the audit scope, and reviewed and assessed available information. Assessments were performed using criteria from a number of sources, including:

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[42] We relied upon standards for internal controls obtained from *Standards for Internal Control in the Federal Government* (2014), the U.S. Government Accountability Office, report GAO-14-704G

- Peer Departments;
- Industry Standards;
- Leading Practices;
- Statutes; and,
- Policies and Procedures.

In consultation with the Department, two sets of peer groups were selected for comparisons specific to the internal staffing section of this report. A "Primary Peers" set was selected based upon criteria including percentage of expenditures which were "pass through", the percentage of permanent employees, the headcount, as well as most populated job titles. An additional peer set was utilized at the request of ODA to examine turnover within boards and commissions that were of similar size as ODA.

Peer Group Departments

Staffing Peers

- Department of Health
- Department of Medicaid
- Department of Education and Workforce
- Department of Taxation
- Department of Development
- Department of Higher Education

Board & Commission Peers

- Housing & Finance Agency
- School Facilities Commission
- Casino Commission
- Board of Pharmacy

Where reasonable and appropriate, peer Departments were used for comparison. However, in some operational areas industry standards or leading practices were used for primary comparison. Department policies and procedures as well as pertinent laws and regulations contained in the Ohio Administrative Code (OAC) and the Ohio Revised Code (ORC) were also assessed. Each recommendation in this report describes the specific methodology and criteria used to reach our conclusions.

Appendix B: Programs and Operations

Additional visuals examining permanent, full-time employee turnover for ODA and the peers can be seen below:

Turnover Rate All Leave Reasons FYs 2017-2024

FY	ODA Avg. Head Count	ODA Separations	ODA Separations Percentage	Peer Avg. Percentage	ODA vs. Peer Average Percentage Variation
2017	85	10	11.8%	13.1%	(9.9%)
2018	80	10	12.5%	11.9%	5.3%
2019	80	15	18.7%	14.0%	33.8%
2020	81	15	18.5%	11.3%	63.6%
2021	85	17	20.1%	9.4%	114.4%
2022	90	27	29.9%	14.6%	105.2%
2023	91	22	24.3%	13.0%	87.0%
2024	101	9	8.9%	13.0%	(31.4%)

Source: OAKS BI

As seen in the table, ODA had higher turnover on an annual basis in all but two of the years in our analysis period. In particular, in FY 2021 and FY 2022, the Department had turnover rates that were more than 100 percent higher, or double, the peer average.

Below is a table comparing ODA turnover between FY 2018 and FY 2024 with the board & commission peer group identified for comparison by ODA. When comparing ODA to the peer average when excluding retirement, death & disability, ODA had higher turnover in all years examined. More specifically, ODA had higher turnover than the peer max in four of the seven years, and in three of the years examined (between FY 2021 and 2023) had turnover which was more than double that of the peer average.

Turnover: Boards & Commissions Excluding Retirement, Death & Disability

FY	ODA	Peer Avg.	Difference	Peer Avg. Min	Peer Avg. Max	Variance
2018	8.8%	8.0%	10.0%	6.0%	10.0%	3.0%
2019	15.0%	10.1%	48.5%	7.0%	13.0%	5.0%
2020	9.9%	8.7%	13.8%	2.0%	16.0%	22.0%
2021	11.8%	4.2%	181.0%	2.0%	6.0%	2.0%
2022	23.3%	10.3%	126.2%	5.0%	13.0%	9.0%
2023	24.3%	8.9%	173.0%	7.0%	12.0%	4.0%
2024	7.9%	6.5%	21.5%	5.0%	8.0%	8.0%

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We also identified the percent of employees, of those employees which separated from ODA, had transferred to another state agency. This was compared to the peer set and the results can be seen in the table below.

State Agency Transfer Rate to Other State Agency

FY	ODA	Peer Avg.	Difference
2017	20.0%	18.3%	9.3%
2018	40.0%	15.1%	164.8%
2019	26.7%	16.8%	58.8%
2020	20.0%	13.2%	51.6%
2021	11.8%	19.4%	(39.4%)
2022	48.2%	19.7%	144.2%
2023	59.1%	15.5%	280.4%
2024	55.6%	19.6%	183.5%
Total All FY	36.8%	15.3%	141.9%

Source: OAKS BI

*Includes retirement

When further examining those employees which transferred to another state agency, we identified their final pay rate at ODA and compared it to their pay rate at their new department.

Salary Change for ODA Transfers from FYs 2019-2024

	Count	% of Total	Avg. Change ($)
Increase in Pay	21	56.8%	$2.19
Same Pay	10	27.0%	$0.00
Decrease in Pay	6	16.2%	($2.14)
Total All FYs	**37**		

Source: OAKS BI

*Does not account for step/tenure

An additional look was created to examine turnover (excluding retirement) by division within ODA to identify any divisions which might be contributing to the overall turnover to a higher degree. When reviewing the table, it is important to note that the largest turnover occurred within FY 2022 and FY 2023. Within these years especially, the table below shows that the turnover was not isolated to one segment of ODA's operations, but instead was present in nearly all of the Department's divisions.

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ODA Department Turnover Excluding Retirement

Division	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Board Of Executives of LTSS	-	-	-	-	-	21.3%	-	-
Communications & Govt Outreach	-	-	-	-	46.0%	27.2%	52.3%	17.5%
Division for Community Living	21.0%	6.5%	24.8%	12.4%	11.4%	32.9%	28.0%	4.6%
Elder Connections Division	-	8.8%	8.4%	40.3%	11.7%	29.9%	31.1%	11.7%
Executive Division	11.5%	42.9%	12.4%	-	10.4%	10.2%	9.2%	-
Fiscal Division	-	-	9.0%	-	30.0%	28.5%	9.4%	15.7%
Human Resources Division	-	-	42.6%	-	-	-	21%	15%
Information Systems Division	8.5%	9.6%	28.5%	8.8%	14.1%	23.5%	46.2%	6.1%
Office of LTC Ombudsman	62.1%	-	-	14.9%	-	24.9%	14.5%	11.3%
Performance Center Division	-	26.3%	29.2%	-	-	-	-	-

Source: OAKS BI

*Excludes the Elder Rights Division, Evaluation & Research Division, Legal Division, and the Quality Initiatives Division

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State Plan on Aging

The full list of objectives from the 2023-2026 State Plan on Aging for Ohio can be found within the table below:

Outcome	Objective
Outcome 1: Increase Life Expectancy	**Objective 1.1** Increase the average life expectancy for all Ohioans at birth from 76.5 years (2017) to 77.6 years (2029). (Data source: ODH)
Outcome 2: Reduce Premature Death	**Objective 2.1** Reduce the years of potential life lost before age 75, per 100,000 population, from 8,227 years (2018) to 8,000 years (2029). (Data source: ODH)
Outcome 3: Improve Health Status	**Objective 3.1** Reduce the percent of adults, age 65 and older, with fair or poor health from 26.1% (2018) to 23.7% (2029). (Data source: Behavioral Risk Factor Surveillance System [BRFSS])
Outcome 4: Reduce Elder Abuse, Neglect, and Exploitation	**Objective 4.1** Reduce the number of reports of elder abuse, neglect, or exploitation for adults, age 60 and older, living in the community from 32,072 reports (2020) (monitor only; target not set at this time). (Data source: ODJFS)
Outcome 5: Improve Financial Stability	**Objective 5.1** Reduce the percent of Ohioans, age 65 and older, who live in households at or below the poverty level from 8.6% (2018) to 7.6% (2029). (Data source: American Community Survey [ACS], 1-year estimates).
	Objective 5.2 Increase the median annual income in households with a householder over age 65 from $41,406 (2018) to $46,375 (2029). (Data source: ACS, 1-year estimates).
Outcome 6: Improve Housing Quality and Affordability	**Objective 6.1** Increase the number of affordable and available units per 100 renters with income below 50% of Area Median Income from 80 (2017) to 84 (2029). (Data source: National Low-Income Housing Coalition analysis of ACS, as complied by Ohio Housing Finance Agency [OHFA]).
	Objective 6.2 Reduce the percent of households with a householder, age 65 or older, who spends 50% or more of their income on housing costs (rent and utilities) from 25.2% (2018) to 21% (2029). (Data source: ACS via OHFA).
Outcome 7: Improve Transportation Access	**Objective 7.1** Reduce the percent of households with a householder 65 years or older with no vehicles available from 10.8% (2019) (monitor only; target not set at this time). (Data source: ACS, 1-year estimates).

Outcome 8: Improve Nutrition	**Objective 8.1** Reduce the percent of Ohioans, age 65 and older, who recently lost weight without trying from 12.7% (2019) to 9.5% (2029). (Data source: BRFSS).
	Objective 8.2 Increase the percent of Ohioans, age 65 and older, who consume fruit(s) one or more times per day from 66.4% (2017) to 67.6% (2029). (Data source: BRFSS).
	Objective 8.3 Increase the percent of Ohioans, age 65 and older, who consume vegetable(s) one or more times per day from 82.9% (2017) to 84.1% (2029). (Data source: BRFSS).
Outcome 9: Improve Physical Activity	**Objective 9.1** Increase the percent of Ohioans, age 65 and older, who participated in any physical activity other than their regular job during the past month from 64.4% (2018) to 68.4% (2029). (Data source: BRFSS).
Outcome 10: Improve Health-Care Coverage and Affordability	**Objective 10.1** Reduce the percent of people, age 65 and older, who were unable to see a doctor because of cost from 4.5% (2018) to 2.7% (2029). (Data source: BRFSS)
	Objective 10.2 Reduce health-care expenditures per capita for prescription drugs from $1,023 per capita (2014) (monitor only; target not set at this time). (Data source: The Henry J. Kaiser Family Foundation [KFF] State Health Facts).
	Objective 10.3 Reduce health-care expenditures per capita for nursing home care from $605 per capita (2014) (monitor only; target not set at this time). (Data source: KFF State Health Facts).
	Objective 10.4 Reduce health-care expenditures per capita for home health care from $259 per capita (2014) (monitor only; target not set at this time). (Data source: KFF State Health Facts).
Outcome 11: Improve Home- and Community-Based Supports	**Objective 11.1** Increase the percent of Medicaid enrollees receiving long-term services and supports (LTSS) who receive services through a home- and community-based waiver from 65% (SFY 2018) to 75% (SFY 2029). (Data source: Ohio Department of Medicaid [ODM]).
	Objective 11.2 Increase the percent of Medicaid spending on LTSS that is for home- and community-based waiver services from 44% (SFY 2018) to 51% (SFY 2029). (Data source: ODM).
Outcome 12: Improve Home Care Workforce Capacity and Caregiver Supports	**Objective 12.1** Increase the number of personal care and home health aides, per 1,000 adults, age 65 and older, with a disability from 149 (2018) to 224 (2029). (Data source: ACS via America's Health Rankings).

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	Objective 12.2 Increase Ohio's score out of 17 on policies that support working caregivers (e.g., state policies that exceed federal Family and Medical Leave Act, paid family leave, mandatory paid sick days, unemployment insurance for family caregivers, and policies that protect family caregivers from employment discrimination) (monitor only; target not set at this time). (Data source: AARP Long Term Services and Supports State Scorecard).
Outcome 13: Improve Social Inclusion	**Objective 13.1** Increase the percent of adults, age 60 and older, who report hardly ever feeling left out from 77.4% (2019) to 86% (2029). (Data source: Ohio Medicaid Assessment Survey).
Outcome 14: Increase Volunteerism	**Objective 14.1** Increase the percent of adults, age 65 and older, who reported volunteering in the past year from 30.3% (2017) to 45% (2029). (Data source: Corporation for National & Community Service, via America's Health Rankings).
Outcome 15: Reduce Cognitive Difficulty	**Objective 15.1** Reduce the percent of adults, age 65 and older, who reported having cognitive difficulty from 10% (2018) to 9% (2029). (Data source: BRFSS)
Outcome 16: Reduce Hypertension	**Objective 16.1** Reduce the percent of adults, age 65 and older, who have ever been told they have high blood pressure from 60% (2017) to 55.2% (2029). (Data source: BRFSS).
Outcome 17: Reduce Depression	**Objective 17.1** Reduce the percent of adults, age 65 and older, who reported their mental health was not good for 14 or more days in the past 30 days from 7.7% (2018) to 6.8% (2029). (Data source: BRFSS via America's Health Rankings).
Outcome 18: Improve Chronic Pain Management	**Objective 18.1** Reduce the percent of people, age 65 and older, who have arthritis that limits usual activities from 17.7% (2019) to 14% (2029). (Data source: BRFSS via ODH)
Outcome 19: Improve Falls Prevention	**Objective 19.1** Reduce the percent of adults, age 65 and older, who report having had a fall within the last year from 25.6% (2018) to 15.4% (2029). (Data source: BRFSS via America's Health Rankings).

Source: Ohio 2023-2026 State Plan on Aging

Communication

AAA Survey Results

Results from a survey conducted by the audit team in which all AAAs participated are found within the charts below. For questions involving a star rating, a 1-star rating indicates "very dissatisfied", 2-star rating indicates "dissatisfied", a 3-star rating indicates "neutral", 4-star rating indicates "satisfied", and a 5-star rating indicates "very satisfied".

ODA's overall level of communication with my organization.

The frequency with which the executive staff of ODA meets with the executive staff of my organization.
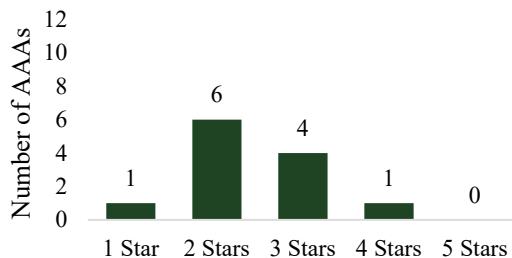
The frequency with which the staff of ODA's divisions meet with the staff of relevant divisions of my organization.
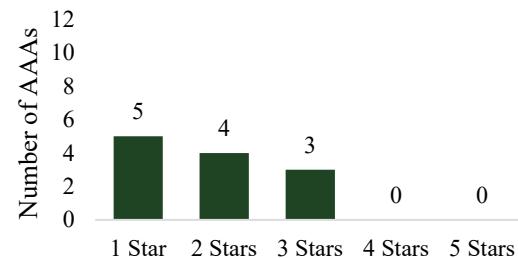
The manner in which rule changes and other important updates are communicated to my organization.

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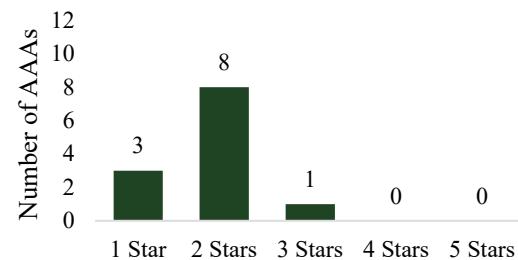
The level of input my organization had into the 2023-2026 State Plan on Aging.

ODA offers my organization the opportunity to provide feedback.
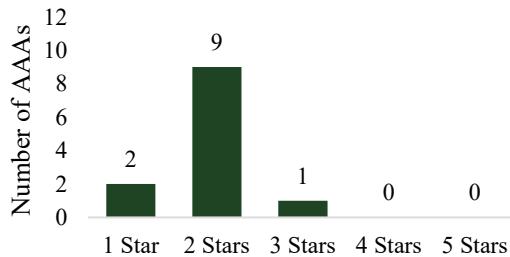
ODA listens to feedback from my organization.
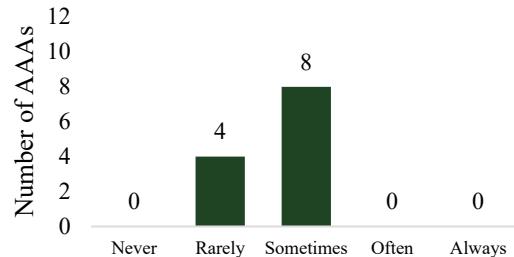
When providing information, ODA contacts the right people in my organization.

ODA provides timely responses to questions from my organization.
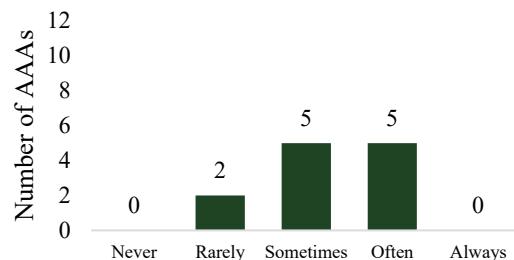
Staff at my organization know which individuals at ODA to contact with questions.

ODA provides information about rule changes and other important updates in clear written form that can be referred back to.
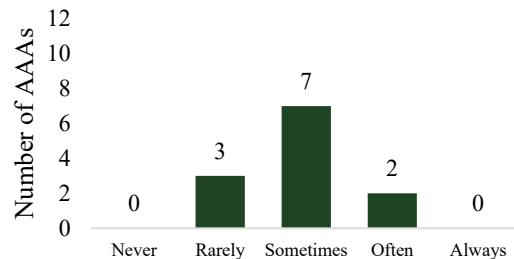
ODA communicates rule changes to my organization early enough for us to train staff and adjust capacity before the rule becomes effective.

Source: Survey distributed by OPT to AAAs
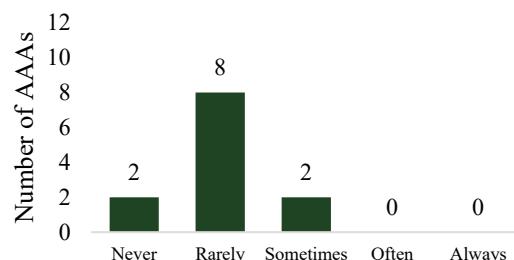
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Senior Farmers Market Nutrition Program Data Comparisons

As the audit team examined the SFMNP, which involved discussing with key stakeholders the rollout of the e-SFMNP update, data was received from ODA and from AAAs surrounding key metrics from the program.

Overall, we found that there is misalignment between ODA and the AAAs on whether farmer reimbursements made with ARPA and local levy funds counted toward a region's sum of benefits redeemed in PY 2023; at least some AAAs counted these, while ODA did not. Also, we found that for PY 2024 and future years, there is a lack of clarity on the AAAs' end on when numbers are finalized for the season in the Homegrown Benefits system (as numbers changed in the system throughout the program year and after the end of the program year) and which page in the system to consult for their final numbers (as the dashboard and report pages showed different numbers for the same metrics at the same time). This misalignment impacts ODA's and the AAAs' assessment of the pilot's success. Notably, two AAAs (when observing their own data) believe that the redemption rate in their regions decreased between PY 2023 and PY 2024 as a result of the e-SFMNP pilot, while ODA (when observing their own data) believes that the redemption rate increased in the regions.

Case Management Rule Change Early Stakeholder Outreach

From: ███████@age.ohio.gov ███████@age.ohio.gov>
Sent: Wednesday, February 28, 2024 12:15 PM
To: ███████@ohioaging.org>
Subject: New State Older Americans Act Rules (OhioAging)

████████

ODA is requesting input from your or your organization on rule projects that ODA anticipates beginning in the first half of this year.

ODA plans to adopt new rules to establish the requirements for AAA-provider agreements on the following services when paid with Older Americans Act funds:

- Attendant care.
- Case management.
- Information and assistance.
- Outreach.
- Volunteer management.
- Disease prevention and health promotion.
- Caregiver counseling and support.
- Caregiver training.
- Caregiver respite.
- Caregiver access assistance.
- Caregiver information.
- Caregiver supplemental service.
- Participant-directed providers.
- Chores.

These proposed new rules will fit in the framework of Chapter 173-3 of the Administrative Code. Adopting these rules will comply with RC §§ 173.39 and 173.392 which require ODA to adopt rules on every AAA-provider agreement (i.e., contract or grant) in Ohio for community-based long-term care services of which ODA does not require certification. ODA does not currently require certification for such services when paid, in whole or in part, with Older Americans Act funds (agreement).

Please let us know of any recommendations that you or your organization have regarding what to consider including in these proposed new rules. We will accept recommendations until Sunday, March 10, 2024 at 11:59PM.

████████ Legal Division
Ohio Department of Aging

30 E Broad St, 22ⁿᵈ Floor
Columbus, OH 43215-3414
614-202-7971

Aging.Ohio.gov

⌂ Department of

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Appendix C: Data Management and Systems Access

Data Quality

One of the Older Americans Act service categories that is designated by ACL and appears in the State Performance Report (SPR) is case management. ACL designates the unit type of case management as hours. ODA currently categorizes four service labels in its data system as case management; these can be seen in the table below. Each of these services has a unit type in the data system that AAAs and providers utilize when logging units to the service. As seen, some services that ODA files under the case management service category have a unit type ("contacts", "assessments") that do not match the unit type of the service category ("hours"). Most notably, in FFY 2023, 8,014.00 units under the case management service category were logged as assessments. ODA's process for creating its SPR submission does not account for this discrepancy and considers these units to be hours, even though they were logged as assessments.

While 19,624.00 total units of case management services were delivered under the OAA in Ohio in FFY 2023, ODA did not submit all 19,624.00 units to ACL. 15,337.75 units were submitted, meaning that 4,286.25 were filtered out. Even if we assume that all units filtered out were assessments, that would still mean that 3,727.75 of the 15,337.75 case management units submitted to ACL, or 24.3%, were assessments instead of hours.

Case Management Units Served, FFY 2023

Unit Type for Case Management in SPR: 1 Hour

Service	Unit Type	Units
Care Management	1 Contact	470.25
Case Management	1 Hour	11,106.75
Medical Assessment: Hour	1 Hour	33.00
Medical Assessment: Individual assessment	1 Individual Assessment	8,014.00
Total		**19,624.00**

Sources: ODA, ACL

Appendix D: State Long-Term Care Ombudsman

As discussed in **Recommendation 8**, long-term care facilities are required to submit copies of discharge notices to the SLTCO. This information is then submitted to the regional LTCO. The regional LTCO receives complaints from residents in long-term care facilities. These complaints are input into ODIS as a mechanism for reporting to the SLTCO. Within the bar charts below are the top five complaints (amongst the 61 unique complaint types) for nursing facilities in each year between FFY 2020 and FFY 2023 are shown. The dark green bar represents "Discharge or eviction", which is the highest or second highest responses in each of the federal fiscal years in this range.

Top 5 Complaint Types FFY 2020-2023

	2020	2021	2022	2023
1	Discharge or eviction	Visitors	Discharge or eviction	Discharge or eviction
2	Response to requests for assistance	Discharge or eviction	Personal hygiene	Personal hygiene
3	Personal hygiene	Symptoms unattended	Symptoms unattended	Symptoms unattended
4	Dignity and respect	Response to requests for assistance	Response to requests for assistance	Response to requests for assistance
5	Care planning	Care planning	Medications	Medications

Source: ODA

As discharge or eviction has historically been one of the primary complaints received by the regional SLTCO, it would be beneficial to improve the collection of data related to discharge notices as discussed in **Recommendation 8**.

As discussed within the report, variation in funding exists amongst the regional Ombudsman offices. Below, a bar is shown for each region with shading representing the funding sources and how much of their total funding each represented. The total amount of funding received in FY2024 can be seen at the top of each bar.

FFY 2024 Regional SLTCO Funding by Source
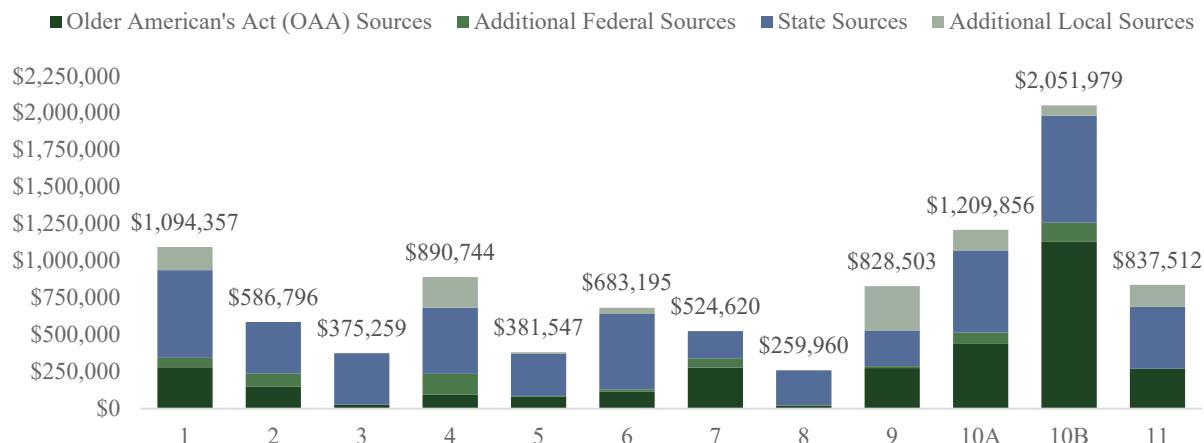
Source: SLTCO Regional Funds Expended Reports

For the program in its entirety, the chart below shows the state support through funding for the SLTCO as well as the regional offices. There has been a clear increase over the time period examined, specifically within the most recent two fiscal years.

State Support for Regional and State Long-Term Care Ombudsman Programs, FYs 2018-2025
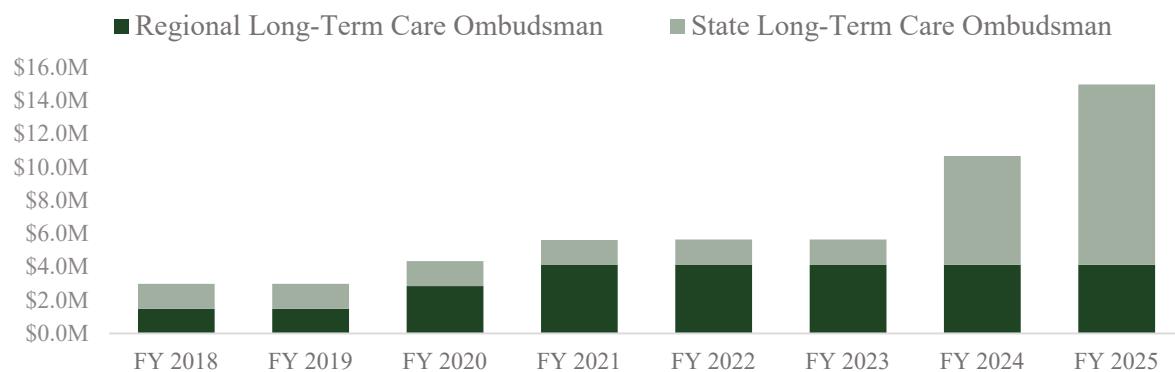

Source: ODA Greenbooks, LSC

Note: Visual includes appropriations made from the General Revenue Fund and dedicated purpose funds (specifically, appropriations under ALIs 490410, 490609, and 490620). Though ombudsman programs were also supported by federal funds, the relevant ALIs do not distinguish ombudsman support from support for other aging services.

Key Metrics

Seen in this series of bar charts is the variation amongst regional offices within key metrics identified by the SLTCO.

Resolution Rate Comparison
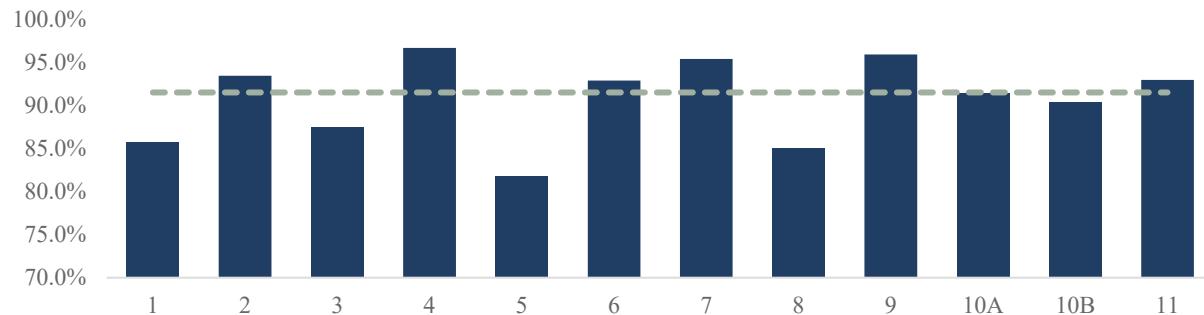
Source: ODIS

Regular Presence Visit Comparison
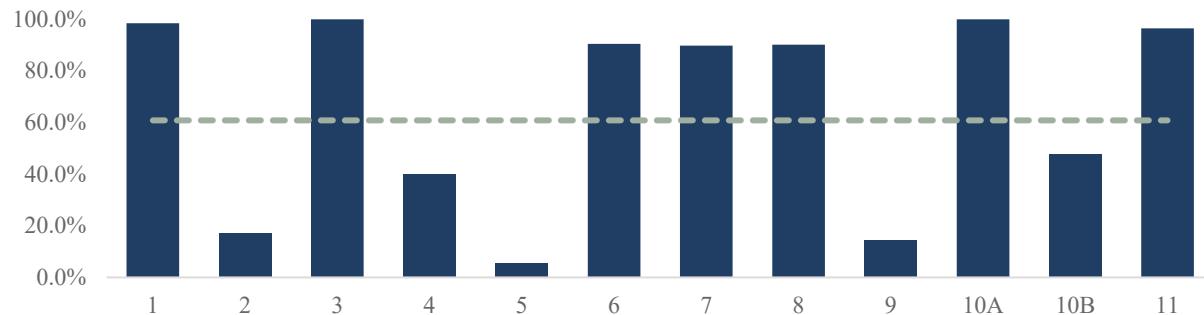
Source: ODIS

Time to Case Close Comparison
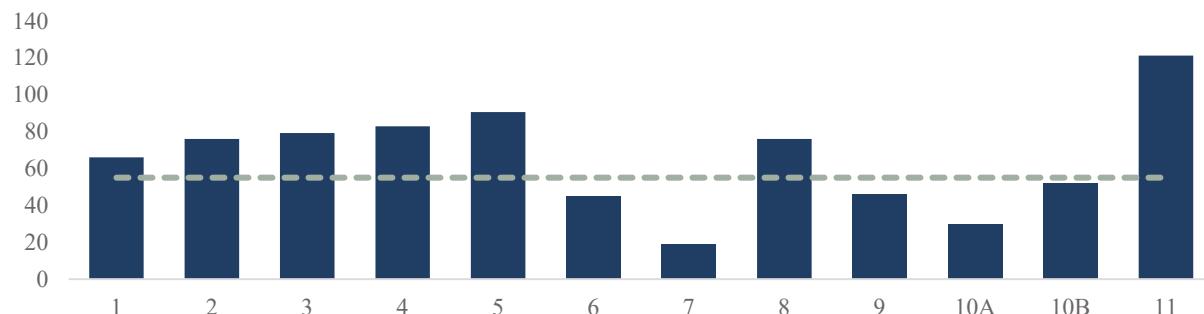
Source: ODIS

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Time Responding to Complaint Comparison

Source: ODIS

OHIO DEPARTMENT OF AGING

FRANKLIN COUNTY

AUDITOR OF STATE OF OHIO CERTIFICATION

This is a true and correct copy of the report, which is required to be filed pursuant to Section 117.26, Revised Code, and which is filed in the Office of the Ohio Auditor of State in Columbus, Ohio.

Certified for Release 6/12/2025