in 13 states were designed to test the impacts of a program that offers Medicare and Medicaid services under one organization to individuals who are dually eligible for both programs. Previous studies of the expansion of managed long-term services have generated considerable interest over the last two decades however, research results have been mixed. There is also limited information about the implementation of these efforts, as demonstrations have served varying target populations with very different intervention strategies. The lack of conclusive results means that states, now faced with decisions about continued implementation of these initiatives do not have good information to make sound policy decisions. The national evaluation of the FAI states did not include Medicaid costs. Our study is designed to gain a better understanding of Ohio’s FAI MyCare Demonstration. This symposium provides data from a comprehensive impact analysis that examined both Medicaid and Medicare claims data using a difference-in-differences treatment and comparison analysis (n = 390,000) and an in-depth process evaluation (using interviews with 487 participants) to gain an understanding of program effects. After reviewing results the symposium will discuss the future of these and other reform efforts to integrate Medicaid and Medicare services.

WHEN YOU GET TO A FORK IN THE ROAD, TAKE IT: SHOULD STATES FOLLOW YOGI’S ADVICE ON MANAGED LONG-TERM SERVICES?
Robert Applebaum, Miami University, Oxford, Ohio, United States

Today’s Medicaid challenges, coupled with the baby boom demographics, have every state in the nation recognizing the need to do something different in their Medicaid programs. Although achieving a better balance between institutional and home and community-based services has been an important reform in many states, it does not appear to be enough to create a working system. Medicaid managed long-term care and efforts to integrate Medicare and Medicaid is a growing option. Designed to control the acute and long-term care costs of older people and individuals with disability, the approach also is directed at linking the two disparate systems. A review of the array of studies examining this area shows mixed results, despite the popularity of this option at the state level. This paper introduces the evaluation of Ohio’s MyCare integrated care demonstration, raising questions about the important elements of these initiatives for policy makers, providers, and consumers.

EVALUATING EXPENDITURES AND UTILIZATION OF OHIO’S INTEGRATED MEDICARE AND MEDICAID PROGRAM
John Bowblis, Robert Applebaum, and Matt Nelson, Miami University, Oxford, Ohio, United States

In 2014, 29 of 88 Ohio counties implemented MyCare, which integrated Medicare and Medicaid for dually eligible Ohioans. Using an intent-to-treat, difference-in-difference framework we examined medical expenditures and utilization associated with the implementation of MyCare. Specifically, we compared dually eligible Ohioans in MyCare counties to those in non-MyCare counties from 2012 to 2018. Overall medical expenditures were lower in the MyCare counties post implementation compared to non-MyCare counties, with most of the difference attributed to Medicaid. The effects were larger for individuals in the community compared to long-term services and supports (LTSS) users. The implementation of MyCare is associated with a decrease in the use of nursing homes, a large increase in hospice, and among LTSS users not in a nursing home decreases in the utilization of home and community-based services. Interestingly, the proportion of individuals in MyCare counties classified as an LTSS user increased after the implementation of MyCare.

PROGRAM THEORY VERSUS IMPLEMENTATION: THE IMPORTANCE OF PROCESS IN UNDERSTANDING PROGRAM IMPACT
Jennifer Heston-Mullins1, Athena Koumoutzis2, Katherine Abbott2, Dayna Bennett1, Karen Williams2, 1. Scripps Gerontology Center, Miami University, Oxford, Ohio, United States, 2. Miami University, Oxford, Ohio, United States

An extensive MyCare Ohio process evaluation was conducted to understand factors affecting everyday implementation. This involved a review of MyCare membership enrollment data and qualitative interviews and focus groups with state-level stakeholders (n=29), regional stakeholders comprised of Area Agency on Aging and MyCare Ohio Plan personnel and HCBS service providers (n=418), and MyCare members (n=40); which were audio-recorded, transcribed, and checked for accuracy prior to coding in Dedoose. Results show that while MyCare was originally envisioned as a program to coordinate Medicare and Medicaid services for dual-eligible, physically-disabled older adults, many MyCare members are under age 65 (47%), have opted out of the Medicare Advantage portion of MyCare (42%), and live with behavioral health diagnoses. This presentation will discuss how process evaluation is instrumental to understanding program impact and how younger members, members with behavioral health concerns, and opted-out members have shaped the implementation of MyCare Ohio.

THE BLACK BOX OF CARE MANAGEMENT IN MANAGED LONG-TERM SERVICES AND SUPPORTS
Katherine Abbott1, Jennifer Heston-Mullins2, Athena Koumoutzis1, Dayna Bennett1, Karen Williams1, and Robert Applebaum1, 1. Miami University, Oxford, Ohio, United States, 2. Scripps Gerontology Center, Miami University, Oxford, Ohio, United States

Within Ohio’s MyCare demonstration, two distinct care management models were selected by the participating MyCare Ohio health plans (MCOPs): fully-delegated waiver care management and waiver service coordination. The purpose of this presentation is to describe the components of care management operating in MyCare Ohio. Qualitative interviews with n=91 Area Agency on Aging (AAA) and n=131 MCOP care management personnel were audio-recorded, transcribed, and checked for accuracy prior to thematic coding in Dedoose. Results indicate that comprehensive care management is the core element of MyCare Ohio. Fully-delegated care management models were viewed by participants as beneficial to reducing confusion for members however ‘scope creep’ challenged the already strained AAs. Effective teamwork was identified for waiver service coordination models.
but the division of labor and communication needed between the AAA and MCOP care management personnel created tensions. The discussion will focus on practice recommendations for training, caseloads, and support staff.

SESSION 3190 (SYMPOSIUM)

REVISITING THE ROLE OF PERCEIVED TIME HORIZONS IN SOCIOEMOTIONAL SELECTIVITY THEORY
Chair: Li Chu Discussant: Laura Carstensen

This symposium will consider the ways that time horizons may influence motivation and emotional well-being. Socioemotional selectivity theory postulates that goals and motivation shift from ones about learning and exploration to ones about emotional meaning as time horizons grow constrained as people age. This theory maintains that a focus on emotional goals explains why older adults tend to show better emotional well-being compared to younger adults. Many studies use the Future Time Perspective scale developed by Carstensen and Lang (1996) to measure perceived time left in life. However, several studies find more limited future time perspective does not contribute to better emotional well-being nor more positivity bias in cognitive processing and in some cases predicts poorer emotional well-being. The first presentation will focus on the future time perspective scale and its underlying structure. The second presentation will discuss the association between future time perspective and psychosocial well-being during the COVID-19 pandemic. The third presentation will review different measures of time perception and examine the relationship between future time perspective on age-related positivity effect. The last presentation will introduce a new concept and measurement, time savoring. Laura Carstensen will synthesize findings and offer insights regarding future life-span research on motivation and well-being.

THE DIMENSIONALITY OF FUTURE TIME PERSPECTIVE
Daniel Grühn, and Rebekah Knight, NC State University, Raleigh, North Carolina, United States

There have been suggestions that the measure of future time perspective shows a two-factor structure. However, the two-factor structure coincides with positively- and negatively-framed items potentially indicating a method factor rather than a content factor. By using reversed-scored items in an adult sample (N = 1421, aged 19 to 79, M = 39.1, SD = 11.1), we found evidence that the two-factor structure is mainly due to the framing of the items representing method factors rather than representing separate content factors. Item framing might be more important in aging-related research than expected.

LIMITED FUTURE TIME PERSPECTIVE IS ASSOCIATED WITH LOWER EMOTIONAL WELL-BEING DURING THE COVID-19 PANDEMIC
Yochai Shavit1, Jessica Barnes2, and Laura Carstensen3, 1. Stanford Center on Longevity, Stanford University, Stanford, California, United States, 2. Stanford University, Stanford, California, United States

Socioemotional selectivity theory postulates that limited future time perspective (FTP) motivates older adults to prioritize emotionally meaningful goals, explaining documented age advantages in emotional well-being. During the early months of the COVID-19 pandemic, we collected data from 945 community dwelling adults and 156 assisted living facilities residents living in the United States (N= 1101, age-range: 18-98). Participants reported their FTP using the scale developed by Carstensen and Lang (1996), as well as the frequency and intensity of sixteen positive and thirteen negative emotions. Age association with limited FTP was comparable to past studies. Contrary to our hypotheses, limited FTP was associated with lower emotional well-being across ages and suppressed (rather than mediated) a general trend towards higher emotional well-being in older ages. Findings suggest that there may be conditions under which perceptions of limited time horizons have negative implications. Theoretical implications are discussed.

EXAMINING THE RELATIONSHIP BETWEEN FUTURE TIME PERSPECTIVE AND POSITIVITY EFFECTS
Sarah Barber1, Hyunji Kim1, and Noelle Lopez2,1. Georgia State University, Atlanta, Georgia, United States, 2. San Francisco State University, San Francisco, California, United States

When compared to younger adults, older adults favor positive over negative information in attention and memory. This positivity effect is typically interpreted through the lens of socioemotional selectivity theory. According to this view, older adults often have a limited future time perspective (FTP), which leads them to prioritize emotional well-being goals. However, data from our lab suggest that a limited FTP is actually associated with increased negativity, rather than with increased positivity. More specifically, we found that older adults with a limited FTP (self-reported on the Carstensen and Lang FTP scale) rated their autobiographical memories more negatively. We also found that among older adults with high executive function abilities, a limited FTP was associated with reduced positivity in an episodic memory task. In discussing why these counterintuitive relationships occurred, we will also present data showing that a limited FTP is associated with negative attitudes about the future and the present.

TIME HORIZONS VERSUS TIME SAVORING: WHICH BEST PREDICTS AGE-RELATED IMPROVEMENTS IN EMOTIONAL WELL-BEING?
Tyler Matteson1, Li Chu2, and Laura Carstensen1, 1. Stanford University, Stanford, California, United States, 2. Stanford University, Menlo Park, California, United States

Previous research has shown that time horizons, as measured by the future time perspective (FTP) scale, yield mixed findings about the relationship between perceived time and emotional well-being. Expansive time horizons often predict better well-being than limited