The expansion of managed long-term services and supports has generated considerable interest over the last decade. However, studies on the impact of these efforts have produced mixed findings. Additionally, there is limited information about the care management models used in implementation. This lack of data makes it impossible to assess whether differences in managed care plan approaches have an impact on participants. Our study sought to gain better understanding of the integrated care management models being implemented in Ohio’s MyCare Demonstration. Through qualitative interviews with 50 respondents, including area agency care managers, managed care staff, and service providers, we documented strengths and weaknesses of one integrated care management model used in Ohio’s demonstration. Understanding what is inside the black box of managed care/care management model implementation is key to gaining insights into whether such an approach can ultimately improve the health and long-term service systems for older people with disability.

MANDATORY MEDICAID MANAGED LONG-TERM SERVICES AND SUPPORTS IN PENNSYLVANIA: EVALUATING POLICY CHANGE
Howard Degenholtz,
University of Pittsburgh,
Pittsburgh, Pennsylvania, United States

The Commonwealth of Pennsylvania is implementing a mandatory Medicaid managed Long-Term Services and Supports (LTSS) program that covers people age 21 and older who are fully eligible for both Medicare and Medicaid, living in a nursing facility paid for by Medicaid, or in an aged or physical disability home and community based services (HCBS) waiver. The overall program goals are to: Enhance Opportunities for Community Living; Improve Service Coordination; Enhance Quality and Accountability; Advance Program and Innovation; and Increase Efficiency. The program will be administered by 3 managed care organizations (MCOs) that are obligated to coordinate with Medicare Advantage and D-SNP plans. This major policy change affects the traditional roles and responsibilities of the aging network by shifting the locus of control to insurance companies. This presentation will describe the policy change, the implications for the aging network, and the multi-method evaluation designed to assess the implementation and outcomes.

SESSION 1225 (SYMPOSIUM)
NOTES FROM THE FIELD: TAPPING INTO RESILIENCE THROUGH REFLECTIVE WRITING
Chair: Holly M. Holmes, UT Houston McGovern Medical School, Houston, Texas, United States
Discussant: Thomas R. Cole, UT Houston McGovern Medical School, Houston, Texas, United States

Reflective writing is a powerful tool that can help healthcare providers address burnout and access inner strength. We describe the formation and functioning of a writing group for palliative care and geriatrics physicians at McGovern Medical School. The group has served several functions, including the promotion professional and personal growth. Using reflective writing and prompts, our group has explored issues of compassion, caregiving, grief, and loss. Group writing has provided a safe space for processing and letting go of professional and personal stressors related to caring for patients and to demands in our daily lives. The positive impact of the writing group has extended to caregiving and to other writing, including technical writing. This symposium is designed for healthcare professionals in all disciplines who are interested in exploring the use of reflective writing in regular practice.

EXPERIENCES IN CREATING A WRITING GROUP
Renee J. Flores,1 and Nahid J. Rianon1.
1. UT Houston McGovern Medical School, Houston, Texas, United States

Writing and publication in an academic setting is vital for advancing careers and knowledge. Attempting to increase scholarly productivity, our division created a physician-writing group, led by a prolific humanities expert to hone our writing skills. An unexpected outcome was realized. Using a mix of reflective, intent-driven, impromptu writing exercises and group sharing we discovered new opportunities for personal and professional growth through empathy. During these 1-hour sessions, several organic themes emerged. These included gaining greater inner-personal insight and recognizing inter-personal similarities in career paths and provider benevolence as motivation to continue when experiencing emotional fatigue and burnout. Ultimately, while honing our professional writing skills we also stimulated compassion to ourselves and our colleagues, opening new sources of resilience. We plan to continue these sessions exploring the potential multifaceted impacts on professional/academic growth these sorts of writing groups can have for geriatric and palliative medicine professionals and other healthcare providers.

USING REFLECTIVE WRITING TO PROMOTE RESILIENCE
Ana L. Leech, and Anson J. Koshy.
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Patients invite us, rather reluctantly sometimes, into their lives during some of their most difficult moments; these encounters change us even if it is not readily apparent. Gathering for this writing group, we have found that creating a permanent record of our deepest thoughts and feelings enables further analysis and discussion in a collegial and supportive environment. In this paper, I relate one clinical story as an example. I will never forget caring for Mr. R. during what I can only call an ordeal, but writing it down, exploring my chosen words, and sharing them with the team brought validation and closure to what would have been a deep wound in my soul. The scar remains, being remodeled by time, experience, and other wounds, softened through writing and sharing, becoming part of me. We explore one way in which supportive writing groups can foster professional relationships and growth.

SESSION 1230 (SYMPOSIUM)
POLICY SERIES: OLDER AMERICANS ACT: REAUTHORIZATION PROCESS AND OUTCOMES
Chair: Brian W. Lindberg, The Gerontological Society of America, Washington, District of Columbia, United States