There is a growing interest among aging services providers to better understand the pathways through which older adults and their caregivers navigate LTSS. Although there have been attempts at modeling this process they are often dependent on the quality of existing data, which can result in models which are incomplete and study samples that homogenize diverse older adult populations. These models face two challenges – 1) the data may not include information about important elements of the LTSS navigation process, and 2) the actions of ethnic/cultural sub-groups may not be captured. This study uses a conceptual tool called Social Interaction Modeling (SIM) to examine how older adults in two limited English-speaking communities (Spanish / Mandarin Chinese) navigate the use of LTSS and to evaluate disparities in service access. The findings will help to build a more comprehensive model which looks at service navigation among all older adults in Philadelphia.

SESSION 1215 (SYMPOSIUM)

MARGRET M. AND PAUL B. BALTES FOUNDATION IN BEHAVIORAL AND SOCIAL GERONTOLOGY AWARD LECTURE

Chair: Nancy Pedersen, Karolinska Institutet, Stockholm, Sweden

The Margret M. and Paul B. Baltes Foundation Award in Behavioral and Social Gerontology recognizes outstanding early-career contributions in behavioral and social gerontology. The lecture will be given by the 2018 Baltes Award recipient, Frank Infurna, PhD, of Arizona State University. This session will also include the presentation of the 2019 Baltes Award. The 2019 Baltes Award recipient is Allison Bielak, PhD, of Colorado State University. Supported by the Margret M. and Paul B. Baltes Foundation.

UTILIZING PRINCIPLES OF LIFESPAN DEVELOPMENTAL PSYCHOLOGY TO EXAMINE RESILIENCE TO ADVERSITY

Frank J. Infurna, Arizona State University, Tempe, Arizona, United States

Lifespan developmental psychology has many guiding principles. My past, current, and future research has been influenced by the lifespan developmental principles of multidimensionality and multidirectionality and the premise that development is not entirely bound to chronological age, but to historical-, contextual-, non-normative event-, pathology- and mortality-related processes. The first part of my talk will discuss ways I have utilized these principles in my research examining individual’s ability to be resilient to diverse types of adversities (cancer diagnosis, unemployment, and bereavement) and resources they are drawing on to promote more positive outcomes, such as social support. The second part of my talk will focus on future research directions that aim to advance the conceptual and methodological significance of this research. Future directions include explicitly studying individuals in midlife, inclusion of outcomes beyond that of mental health and well-being, such as character strengths, and longitudinal research designs that assess people more frequently.

SESSION 1220 (SYMPOSIUM)

MEDICAID MANAGED LONG-TERM CARE PROGRAMS VS. THE TRADITIONAL MODEL: COMPARATIVE COSTS AND OUTCOMES

Chair: Larry Polivka, Florida State University, Tallahassee, Florida, United States

Several states have adopted Medicaid Managed Long-Term Care (MLTC) programs over the last several years. At this point at least 30 states are either administering such models or have plans to in the near future. We do not, however, know much yet about the relative cost-effectiveness of the MLTC model when compared to the traditional non-profit model of Medicaid LTC. Is the for-profit MLTC model actually generating savings in the Medicaid program while improving the quality of care? This symposia is designed to address the question through three presentations on experiences with MLTC programs in the states of Ohio, Texas and Pennsylvania and a fourth presentation offering a national overview and critique of Medicaid MLTC in comparison to the traditional Medicaid LTC program still administered through non-profit Aging Network organizations. The state focused presentations describe the current status and results of MLTC in three states that vary in their specific features, extent of formal accountability for outcomes and the political contexts in which the programs currently function. The presentations also include discussions of the implications of each states experiences for the future of Medicaid LTC policy at the state and federal levels. The fourth presentation is a critical analysis of the main differences between the traditional non-profit model of Medicaid LTC services and the for-profit MLTC programs in terms of commonly accepted criteria of cost-effective LTC services, such as access, quality of care and per-person costs and differences in the roles of advocacy and accountability.

MEDICAID-MANAGED LTC: A NATIONAL OVERVIEW

Larry Polivka, Florida State University, Tallahassee, Florida, United States

Most of the states now have Medicaid LTC programs administered by corporate HMOs. Several states, however, still have programs administered by non-profit communitybased organizations, most of which are members of long standing Aging Networks which grew out of the Older Americans Act in the 1970s. This paper will offer a comparative overview of these models of LTC administration including a typology designed to identify major cultural and political differences between the states with and without corporate managed LTC models and an analysis of the available information regarding their comparative costs and outcomes, mainly access to care and quality of care. The paper will conclude with an assessment of the implications of the information presented for the future of Medicaid LTC policy and politics at the state and federal levels and for the future of LTC advocacy and accountability across the states.

INTEGRATING ACUTE AND LONG-TERM SERVICES: DOES IT WORK, CAN IT WORK, WILL IT WORK?

Robert A. Applebaum, University of Miami, Miami, Florida, United States

Several states have adopted Medicaid Managed Long-Term Care (MLTC) programs over the last several years. At this point at least 30 states are either administering such models or have plans to in the near future. We do not, however, know much yet about the relative cost-effectiveness of the MLTC model when compared to the traditional non-profit model of Medicaid LTC. Is the for-profit MLTC model actually generating savings in the Medicaid program while improving the quality of care? This symposia is designed to address the question through three presentations on experiences with MLTC programs in the states of Ohio, Texas and Pennsylvania and a fourth presentation offering a national overview and critique of Medicaid MLTC in comparison to the traditional Medicaid LTC program still administered through non-profit Aging Network organizations. The state focused presentations describe the current status and results of MLTC in three states that vary in their specific features, extent of formal accountability for outcomes and the political contexts in which the programs currently function. The presentations also include discussions of the implications of each states experiences for the future of Medicaid LTC policy at the state and federal levels. The fourth presentation is a critical analysis of the main differences between the traditional non-profit model of Medicaid LTC services and the for-profit MLTC programs in terms of commonly accepted criteria of cost-effective LTC services, such as access, quality of care and per-person costs and differences in the roles of advocacy and accountability.
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 Degenholz1, 1. 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,1 and Anson J. Koshy1, 1. UT Houston McGovern Medical School, Houston, Texas, United States

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 example as an illustration. 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