A QUALITATIVE COMPARISON OF THE POST-COVID RETIREMENT EXPERIENCE BETWEEN JAPANESE AND AMERICAN OLDER ADULTS
Dana Bradley,1 Mariko Nishikitani,2 Mie Ariyoshi,3 Fumihiko Yokota,4 Gretchen Tucker,1 and Laura Allen,5
1. UMBC Erickson School of Aging Studies, Baltimore, Maryland, United States, 2. Kyushu University Hospital, Medical Information Center, Kyushu University Hospital, Fukuoka, Japan, 3. St Cahterines University, Matsuyama, Ehime, Japan, 4. Kyushu University, Kyushu, Fukuoka, Japan, 5. Bar-Ilan University, Ramat Gat, Tel Aviv; Israel

The purpose of this collaborative study between researchers in Japan and the United States was to understand the retirement experience and potential changes in social interactions (amount, type, and mode of communication) among older adults living independently in the community. Specifically, we were interested in individuals' expectations about retirement and the types of social interactions experienced prior to and post-retirement, situated within the context of the COVID-19 pandemic. Both research teams conducted in-depth one-on-one interviews with community-residing retired older adults in early 2021. In the findings we explore similarities and differences between the retirement experiences of Japanese and American older adults, including methodological differences that transpired; specifically, we evaluate the meaning and experience of the COVID-19 pandemic in each of these cultural contexts and how retired older adults experienced its impact in their social interactions.

A QUANTITATIVE COMPARISON OF SOCIAL INTERACTIONS OF OLDER ADULTS PRE-COVID-19 BETWEEN THE UNITED STATES AND JAPAN
Mariko Nishikitani, Kyushu University Hospital, Medical Information Center, Kyushu University Hospital, Fukuoka, Japan

Using the Study on the Lifestyle and Values of Senior Citizens (The Eighth International Study by the Japan Cabinet Office), the social interactions were assessed in the context of health and life satisfaction of the older adults of the U.S and Japan to confirm the relationship between ICT usage and social interactions. The less social interaction was defined as those who answered that they had no "role in the family," "working," or "social activities such as volunteering." The proportion of less-social interaction people and non-use of ICT increased with age, but the proportions of Japanese were higher than that in Americans. The adjusted odds ratio for non-use of ICT to the risk of isolation of the older adults in Japan was 2.43 (95% CI: 1.59-3.73), but no significant relationship was observed in American older adults. Future research will examine the use of ICT by older adults in each country.

DEVELOPING CULTURALLY COMPETENT TECHNOLOGY FOR OLDER ADULTS IN JAPAN AND THE UNITED STATES
Laura Allen,1 Dana Bradley,2 and Gretchen Tucker,2
1. Bar-Ilan University, Ramat Gat, Tel Aviv, Israel, 2. UMBC Erickson School of Aging Studies, Baltimore, Maryland, United States

The United States and Japan are experiencing an exponential growth in the number of persons age 65 and older. To address certain aging-related issues, assistive technological advancements are being developed. These technologies need to be reliable, safe, secure, and culturally accepted by older adults. In addition, technology must be developed within the unique cultural contexts of each country. One approach currently being used is an interdisciplinary team approach comprised of researchers representing gerontology, information systems, robotics, health sciences, sociology, and computer sciences between two universities in the United States and two Japanese universities. This collaborative project between institutions and countries highlights the need to understand the cultures and traditions of each of these countries. To further develop culturally competent technology, an integrative research plan is being utilized, which incorporates the use of community engagement to examine the influence of the cultural context among older adults.

Session 4095 (Symposium)

MANAGED LONG-TERM CARE SERVICES: A PLAYBOOK INNOVATION OR A HAIL MARY?
Chair: Larry Polivka
Discussant: Robert Applebaum

The approach to providing long-term services and supports (LTSS) has changed dramatically over the last three decades in both the financing and delivery arenas. In the U.S., long-term strategies have varied by state in organizational structure, scope of delivery and administrative practices. In the past two decades an additional change has emerged with over half the states adopting some form of managed LTSS. This shift has deepened the divide in state approaches to LTSS system design and delivery. The shift to managed LTSS has been largely fueled by ideological expectations and concerns about growing Medicaid costs: Empirical research findings have played a minimal role. For example, the large CMS evaluation conducted in this area did not include Medicaid data or encounter data from the managed care plans as part of the study efforts. However, the managed LTSS experiment does create an opportunity to compare costs and outcomes of these different models of financing and delivery. This symposium will present preliminary evaluation findings from two states, Ohio and Pennsylvania, which are generating data to assess both the implementation and outcomes of these alternative LTSS models. To set the context an initial paper will discuss the expansion of managed LTSS programs across the nation and examine how these efforts compare to the development occurring in the European LTSS systems. The third presentation will discuss the results of the Community Catalyst dual eligibles’ managed care demonstration program monitoring project.

OHIO’S DUAL ELIGIBLE POPULATION: EFFECTS OF PROGRAM DESIGN AND IMPLEMENTATION ON CARE MANAGEMENT
Jennifer Heston-Mullins, Katherine Abbott, and Athena Koumoutzis, Miami University, Oxford, Ohio, United States

MyCare Ohio is a prospective blended managed care payment model program tasked to provide comprehensive and coordinated care to Ohio residents who are dually eligible for