Medicare and Medicaid. To understand the administration and day-to-day implementation of care management within MyCare Ohio, n=75 interviews with a total of n=331 personnel from Area Agencies on Aging, Managed Care Plans, and service providers were conducted. Interviews were audio recorded, transcribed, and checked for accuracy. Data were analyzed by iterative reviews and deductive coding in Dedoose. Respondents provided insights on how care management activities are affected by program design features (e.g., ability to opt-out of the Medicare component), transitions between acute and long-term care settings, documentation systems and data-sharing, and high numbers of beneficiaries with behavioral health diagnoses. Implications for practice and policy will be discussed.

OHIO’S LARGE SCALE EXPERIMENT ON INTEGRATED CARE: RESULTS AND IMPLICATIONS FOR LONG-TERM SERVICES REFORM
Matt Nelson, Robert Applebaum, and John Bowblis, Miami University, Oxford, Ohio, United States

Implemented through five health plans, Ohio’s MyCare demonstration began in 2014 and was designed to coordinate primary, acute care, behavioral health and long-term services in the major urban areas of the state. Individuals who are dually eligible for both Medicaid and Medicare and who reside in specified geographic regions must enroll into a managed MyCare plan. MyCare beneficiaries are assigned to two primary categories: community well and those needing long-term services and supports (LTSS). Individuals receiving the integrated MyCare intervention were expected to have lower acute care hospitalizations, lower long-term nursing home use, better longevity and lower overall health and long-term care costs. Using a propensity score matching design, the evaluation compared MyCare enrollees to comparison group members in non-MyCare counties of the state, using Medicaid and Medicare claims data. The 120,000 MyCare program participants represented about half of the dual eligible individuals in the state.

PENNSYLVANIA’S TRANSITION TO MEDICAID MANAGED LONG-TERM SERVICES AND SUPPORTS
Howard Degenholtz, University of Pennsylvania, Pittsburgh, Pennsylvania, United States

Implemented through five health plans, Ohio’s MyCare demonstration began in 2014 and was designed to coordinate primary, acute care, behavioral health and long-term services in the major urban areas of the state. Individuals who are dually eligible for both Medicaid and Medicare and who reside in specified geographic regions must enroll into a managed MyCare plan. MyCare beneficiaries are assigned to two primary categories: community well and those needing long-term services and supports (LTSS). Individuals receiving the integrated MyCare intervention were expected to have lower acute care hospitalizations, lower long-term nursing home use, better longevity and lower overall health and long-term care costs. Using a propensity score matching design, the evaluation compared MyCare enrollees to comparison group members in non-MyCare counties of the state, using Medicaid and Medicare claims data. The 120,000 MyCare program participants represented about half of the dual eligible individuals in the state.

Session 4100 (Paper)

MIGRATION AND AGING

AGE OF MIGRATION AND THE HEALTH STATUS OF OLDER LATINOS: FINDINGS FROM THE HEALTH AND RETIREMENT STUDY
Blakelee Kemp,1 and Marc Garcia,2. 1. University of Nebraska, Lincoln, Nebraska, United States, 2. Syracuse University, Syracuse, New York, United States

Life course research emphasizes the importance of considering how early life experiences set individuals on specific trajectories over time with implications across multiple health domains. Life experiences of older Latinos are shaped by where they were born and, for the foreign-born, when they immigrated to the United States. Prior research examining the extent to which age of migration is associated with health has largely been limited to regional studies. To address this gap in knowledge, we use nationally representative data from the Health and Retirement Study to examine associations between age of migration and multiple physical health outcomes among older Latinos residing in the United States. We examine 2010 prevalence and follow-up incidence to 2016 of cardiovascular issues, diabetes, one or more activities of daily living (ADLs), one or more instrumental activities of daily living (IADLs), cognitive issues, and mortality incidence. Preliminary results indicate similar health profiles across Latinos who migrated in early life (<18), during adulthood (18-34), and during later adulthood (35+). Most health profiles were similar across Latino men and women except for prevalence and incidence of experiencing difficulties with at least one ADL. Latino women who migrated in later-adulthood have higher prevalence of ADLs and women who migrated early in life (>18) have higher ADL incidence than Latino men who migrated during the same life course periods. A greater understanding of how immigrant experiences influence physical health outcomes offers important insights into the development of actionable and culturally appropriate social and health policies.

CAN RURAL MIGRANT WORKERS AFFORD TO RETIRE IN CHINA? A STUDY OF CHINESE MIGRANT WORKER’S RETIREMENT SAVINGS
Jing Liu,1 Heying Zhan,2 and Fengxian Qiu,3. 1. Zhejiang University of Finance and Economics, Hangzhou, Zhejiang, China (People’s Republic), 2. Georgia State University, Georgia State University, Georgia, United States, 3. Anhui Normal University, Wuhu, Anhui, China (People’s Republic)

This paper makes connections between social policies of retirement, migrant worker’s migration experience, and migrant workers’ retirement savings. Using insight from the political economy of aging and stress theory, this paper links the macro levels of understanding with the micro levels of work and aging experiences for migrant workers. Using binary logistic regression with a sample of 699 Chinese migrant workers from three emigration provinces (Anhui, Henan, Sichuan), this paper explores four specific aspects of migrant worker’s migration experience in relation to their retirement savings: financial status; length of employment;
DISABILITY AND OLDER AGE RETURN MIGRATION: EVIDENCE AGAINST THE SALMON BIAS
Mara Sheftel, Penn State University, Brooklyn, New York, United States

Mexican immigrants make up an increasing proportion of the US population 65 and older. Whereas this population has among the lowest rates of disability at working ages, there is growing evidence of high rates of disability at older ages, findings which contradict what mechanisms of selection, namely the “salmon bias,” would predict. However, largely due to data limitations disability rates between those who stay in the US into older ages and those who return to Mexico are rarely compared. Here two waves of data from the US based Health and Retirement Study and the Mexican Health and Aging Study are combined to create a novel dataset that enables an interrogation of the widely held assumption of negative selection on health among return migrants. Investigating three measures of functional limitation and disability, results show higher prevalence of disability for stayers as compared to both younger and older returnees. These results are robust to controls for childhood background, adult socioeconomic status, and migration related variables and hold for those who immigrated during different immigration policy regimes. These findings are novel not only because they stand in opposition to previous assumptions about the direction of health selective return migration, but also because they mean that those remaining in the United States into older ages are among the most vulnerable.

THE RELATIONSHIP BETWEEN PLACE OF DEATH AND IMMIGRANT STATUS
Yujin Franco,1 Margarita Osuna,2 and Jennifer Ailshire,3 1. University of Southern California, University of Southern California, California, United States, 2. USC, University of Southern California, California, United States, 3. University of Southern California, Los Angeles, California, United States

Increasing attention is being paid to improving care at the end-of-life, including developing a better understanding of where individuals die, and factors related to place of death. The older immigrant population in the United States is increasing rapidly, and while prior research suggests they may differ in their end-of-life experiences, we know relatively little about foreign-born differences in where people die. This study investigates how the place of death (home, hospital, and nursing home) differs between the U.S.-born and foreign-born. We used data on 9,180 U.S.-born and 969 foreign-born respondents from the nationally representative Health and Retirement Study (HRS) for who end-of-life surveys were conducted with a proxy between 2002 and 2016. Approximately one-third of deaths occurred in nursing homes in both groups. Hospital deaths were more common in US-Born decedents (31.9%) than foreign-born decedents (25.2%), while death at home was lower for US-born (35.5%) than foreign-born (40.2%). We used multinominal logistic regression analysis to determine whether sociodemographic characteristics, cause of death, or receipt of family caregiving explained the observed differences in place of death by foreign-born status. Results from fully adjusted multivariate models indicate the foreign-born differences in place of death cannot be explained by socioeconomic, health, or family factors. Our research shows key differences in the end-of-life experience between US-born and foreign-born older adults and highlights the importance of examining end-of-life experiences for this small, but rapidly growing segment of the older U.S. population.

WHERE TO RETIRE! EXPERIENCES OF OLDER AFRICAN IMMIGRANTS IN THE UNITED STATES
Manka Nkimbeng,1 Alvine Akumbom,2 Marianne Granbom,3 Sarah Szanton,4 Tetyana Shippee,5 Roland Thorpe, Jr.,6 and Joseph Gaugler,1 1. University of Minnesota, Minneapolis, Minnesota, United States, 2. Johns Hopkins School of Nursing, Baltimore, Maryland, United States, 3. Centre of Ageing and Supportive Environments (CASE), Lund University, Skane Lan, Sweden, 4. Johns Hopkins University, Baltimore, Maryland, United States, 5. University of Minnesota, University of Minnesota, Minnesota, United States, 6. Johns Hopkins Bloomberg School of Public Health, baltimore, Maryland, United States

The needs and conceptualization of age-friendliness likely vary for immigrant older adults compared to native-born older adults. For example, Hispanic immigrant older adults often return to their home country following the development of ill health. Doubling in size since the 1970’s, the aging needs of African immigrants are not fully understood. This qualitative study examined experiences of aging and retirement planning for African immigrant older adults in the United States (U.S.). Specifically, it explored the factors, processes, and ultimate decision of where these older adults planned to retire. We analyzed semi-structured interviews with 15 older African immigrants in the Baltimore-Washington Metropolitan area. Data were analyzed using thematic analyses in NVivo. The majority of participants were women, with a mean age of 64. We identified three overarching themes with ten sub-themes. The themes included: 1) cultural identity: indicating participant’s comfort with the U.S. society and culture; 2) decision making: factors that impact participants’ choice of retirement location, and 3) decision made: the final choice of where participants would like to retire. Age-friendliness for immigrant older adults in the U.S. is complex and it includes the traditional domains such as physical and socio-cultural environment (e.g. housing, transportation, and income). However, immigrant age-friendliness also needs to include wider contextual aspects such as political climate in their country of origin, immigrant status, family responsibilities, and acculturation in the U.S. More research is needed understand and facilitate age-friendly environments for transnational immigrant older adults.

Session 4105 (Symposium)

NEW ASPECTS IN METABOLISM OF AGING
Chair: Rozalyn Anderson

In recent years there has been a renewed emphasis on metabolism as a key contributor to a host of chronic