

## **Moving to a Managed Care Model of Senior Care**

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My good friend Anne (not her real name) was an exemplar of a senior “aging in the community.” She lived in her own home thanks to a reverse mortgage. She was very active and engaged---ushering at Trinity Rep, volunteering for political campaigns, and advocating for senior issues. Trim and fit, she moved around by walking, bus and taxi. She had a network of good friends of all ages. I was pleased to be one of them. Then, following her hip surgery a year ago, her life changed dramatically.

She left the hospital for rehabilitation at a nursing home. It was a homey, friendly place and the food was pretty good (no small matter for Anne). However its rehab services were perhaps not as aggressive as she needed. Upon returning home, Anne began receiving home care services, including physical therapy. Friends helped out with meals and errands. But several months later, when I gave her a ride to her doctor’s office she was still in a wheelchair, in quite a bit of pain, and only able to move a very short distance with a walker. Her condition seemed to be deteriorating rapidly.

When I visited Anne, I would gently ask things like “does the rehab person get you up and walking around?” Refusing to admit defeat, she would answer “sometimes.” Before too much longer she had become totally bedbound. Just sitting up was difficult. She was continuing to receive home health services, but anyone could see it wasn’t enough. I was surprised that her doctor, whose practice said it was a “primary care medical home,” had not intervened.

Finally, I remembered PACE (Program of All-Inclusive Care for the Elderly). I looked into it, and realized that if she qualified for Medicaid, Anne might be a good candidate for PACE’s services. I knew that its vans transported clients to PACE’s adult day socialization activities while it provided a managed-care model with its own physicians and other clinicians. Helping Anne qualify for Medicaid was a challenge. She had kept meticulous financial records until her condition worsened, but Medicaid required recent information. We finally sorted things out and she qualified.

From the outset, PACE paid more attention to all of Anne's needs. They modified her bed to prevent bed sores. They transported her to PACE for physical therapy, a noon meal and an adult day program. Their case manager monitored her entire situation regularly. That's the key element that was missing when she returned home, and not a role that friends can play. She faces a long road back, but now she has a chance to make it.

The State of Rhode Island is shifting its Medicaid-funded long-term senior care to a managed care model. It is supposed to be more "person-centered" and use case managers to coordinate care. Other states' experiences have shown that managed care, if done right and adequately funded—very important caveats, can be the best option for seniors like Anne. The Senior Agenda Coalition will be watching closely and doing all we can to see that it is.