

Fixing Rhode Island's Long Term Care System

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For more than ten years the Senior Agenda Coalition has focused on achieving a better state long-term care system that promotes “aging in the community” and keeps seniors out of nursing homes for as long as possible. We have never suggested that we don’t need nursing homes. We also know that moving back into the community is not a realistic option for most long-term nursing home residents. What we need is a better system of care in the community.

Our state’s Medicaid-funded long-term care system is seriously out of whack when we spend 82 cents of every Medicaid dollar on residential care, mostly nursing homes, and 18 cents on home and community-based care—the worst “unbalanced” rate in the country. Despite the 2006 Perry-Sullivan Act that set a clear goal of correcting this imbalance, and a five-year “Global Medicaid Waiver” that gave the state wide latitude to innovate in its Medicaid-funded services, in over eight years we’ve only increased the percentage of homecare spending from 12 cents to 18 cents of long-term care dollar. Nationally states average 37 cents of every Medicaid dollar spent on home and community-based care, with ten states spending more than 50 cents. If other states can achieve those results, we should be able to do the same.

Why haven’t we made more progress? I believe it’s because for many years there has been a lack of leadership and vision from our elected leaders on this issue. It hasn’t been on their “radar screens,” and they haven’t held state administrators accountable when programs like the Global Waiver underperformed. Worse than that, since 2007 state funding has been cut by two-thirds for programs that help keep seniors in the community: Meals on Wheels, senior centers, and respite care for seniors’ caregivers. Reimbursement rates for homecare providers have remained flat since 2008, while nursing homes have received several increases.

What should we do? We can learn from other states’ experiences, that suggest the following things need to happen: 1) The Governor and General Assembly leaders must make a sustained long-term commitment to fixing the system; 2) Increase investment in services like Meals on Wheels, senior centers, and respite care for caregivers that keep seniors in the community; 3)

Improve wages and benefits for homecare workers; 4) Implement a managed care system that helps seniors with non-medical (e.g. isolation, lack of transportation) as well as medical needs; 5) Invest in a greatly improved information and options counseling system to help seniors and their families figure out a plan for home or community-based care; and 6) Expand less costly, self-directed care choices for homebound seniors, such as the current Personal Choice program that has a waiting list of over three hundred.

In short, we need leadership, long-term commitment to, and investment in, a better home and community-based senior care system. There is no quick fix here, but as many other states have shown, it can be done over time. As Governor-elect Raimondo said at our Candidates' Forum, "If Washington State can do it, we can too!"

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