



Long Term Care Service and Finance Performance Report

April 1, 2021

This report is responsive to the statutory reporting requirement included in R.I.G.L. 40-8.9-6(a) (1-6). It contains requested information related to the annual performance of Rhode Island's Medicaid-funded system of long-term services and supports. All data is reported by fiscal year. Pursuant to R.I.G.L. 40-8.9-6(b), this report is posted to the Rhode Island Executive Office of Health and Human Services' website for public review.

(a)(1) The Number of Medicaid beneficiaries aged sixty-five (65) years and over and adults with disabilities served in nursing facilities.

40-8.9-6(a)(1)		2014	2015	2016	2017	2018	2019	2020	% Change FY19 to FY20
Unique eligible people at any point in the year; note some people may receive both nursing home and HCBS services in the year	Medicaid eligible persons 65+	11,590	11,493	11,267	11,108	11,074	11,153	11,016	-1.2%
	Intellectual and Developmental Disabilities, 65+	376	377	368	391	416	424	428	0.9%
	Adults with Disabilities, Ages 18-64	6,812	6,883	6,877	6,558	6,541	6,762	6,655	-1.6%
	Intellectual and Developmental Disabilities, 18-64	3,319	3,378	3,370	3,376	3,455	3,504	3,514	0.3%
Those served in custodial nursing facilities	Medicaid eligible persons 65+	6,431	6,339	6,040	6,075	6,008	5,962	5,615	-5.8%
	Adults with Disabilities, Ages 18-64	888	988	1,022	1,083	1,120	1,155	1,055	-8.7%

Definitions

Medicaid eligible persons age 65+: Unique number of people ages 65+ who are eligible for Medicaid, eligible for long term care services, and served in a nursing home at any point in the year.

Adults with disabilities, Ages 18-64: Unique number of people ages 18-64 who are eligible for Medicaid, eligible for long term care services, and served in a nursing home at any point in the year. **(a)(2) The number of Medicaid-eligible persons aged sixty-five (65) years and over and adults with disabilities transitioned from nursing homes to Medicaid supported home-and community-based care through the Money Follows the Person and Nursing Home Transitions Programs.**

40-8.9-6(a)(2)		2014	2015	2016	2017	2018	2019	2020	% Change FY19 to FY20
	Medicaid eligible persons transferred from nursing home	155	106	98	83	98	93	118	26.9%

Note: These data reflect transitions made through the Money Follows the Person (MFP) and the Nursing Home Transition Programs (NHTP). Each program has unique restrictions on who is eligible for transition. For instance, only those in a nursing home for more than 90 days are eligible for MFP services. This data does not capture transitions that occurred outside of these programs, including transitions that occur as a result of short-term rehab stays in nursing facilities.

(a)(3) The number of persons aged sixty-five (65) years and over and adults with disabilities served by Medicaid and Office of Healthy Aging (OHA) home and community care, to include home care, adults day services, assisted living, the Personal Choice self-directed program the Program of All-Inclusive Care of the Elderly (PACE) and shared living.

40-8.9-6(a)(3)		2014	2015	2016	2017	2018	2019	2020	% Change FY19 to FY20
Medicaid eligible persons 65+ and those served by OHA	Home Care	3,797	3,824	3,894	3,729	3,717	3,682	3,755	2.0%
	Adult Day Services	571	739	691	639	652	707	654	-7.5%
	Assisted Living	601	617	591	542	542	609	651	6.9%
	Personal Choice Program	351	285	278	277	273	302	361	19.5%
	Program for All Inclusive Care of the Elderly (PACE)	273	275	279	280	291	321	356	10.9%
	EOHHS Shared Living	73	55	73	83	104	129	150	16.3%
	Other Non Institutional (I/DD services, BH + DD Group)	426	425	418	426	452	468	471	0.6%
Adults with Disabilities ages 18-64	Home Care	1,414	1,384	1,415	1,223	1,107	1,065	1,007	-5.4%
	Adult Day Services	527	606	579	525	497	487	461	-5.3%
	Assisted Living	133	142	148	158	178	186	180	-3.2%
	Personal Choice Program	200	158	144	146	158	175	194	10.9%
	Program for All Inclusive Care of the Elderly (PACE)	60	61	49	56	46	55	76	38.2%
	EOHHS Shared Living	27	33	45	48	64	95	110	15.8%
	Other Non Institutional (I/DD services, BH + DD Group)	4,079	4,008	3,981	3,685	3,779	3,954	3,963	0.2%
Total	Home Care	5,211	5,208	5,309	4,952	4,824	4,747	4,762	0.3%
	Adult Day Services	1,098	1,345	1,270	1,164	1,149	1,194	1,115	-6.6%
	Assisted Living	734	759	739	700	720	795	831	4.5%
	Personal Choice Program	551	443	422	423	431	477	555	16.4%
	PACE	333	336	328	336	337	376	432	14.9%
	EOHHS Shared Living	100	88	118	131	168	224	260	16.1%
	Other Non Institutional (I/DD services, BH + DD Group)	4,505	4,433	4,399	4,111	4,231	4,422	4,434	0.3%

Note: The above table references unique people with services from each program. Since people can receive services from multiple HCBS programs, summing the numbers within each age group will overcount the total population.

Further, the data above represent unique *users* of each service. Some individuals are eligible for LTSS services from Medicaid but do not use the services.

Definitions

Medicaid eligible persons age 65+ and those served by OHA: Unique number of people ages 65+ who are eligible for Medicaid, eligible for long term care services, and eligible for select OHA programs, at any point in the year.

Adults with disabilities, Ages 18-64: Unique number of people ages 18-64 who are eligible for Medicaid, eligible for long term care services, and eligible for select OHA programs, at any point in the year.

Intellectually / Developmentally Disabled HCBS: Subsets of “Medicaid eligible persons 65+” and “Adults with Disabilities, Ages 18-64”, respectively. These adults receive HCBS support services provided by the Division of Developmental Disabilities (DDD).

OHA home and community services: Includes Rhode Islanders who are not eligible for full Medicaid LTSS benefits due to excess resources who are receiving a limited package of LTSS through the OHA co-pay program.

The following table maps the legislatively required categories for HCBS services to the HCBS categories in the Medicaid data:

Category in Legislation	Categories in Medicaid Claims
Home Care	Core Community Services, OHA Community Services, Preventative Services, OHA co-Pay, Habilitation Community Services, Habilitation Group Homes
Adult Day Services	Adult Day, DD Adult Day, No Waiver Adult Day
Assisted Living	OHA Assisted Living, RI Housing
Personal Choice	Self-Directed
Program for All Inclusive Care of the Elderly	PACE
Shared Living	Shared Living
Other HCBS	I/DD HCBS, BH and DD Group Homes and Residential providers

(a)(4) The dollar amounts and percent of expenditures spent on nursing facility care and home- and community-based care for those aged sixty-five (65) years and over and adults with disabilities and the average cost of care for nursing facility care and home and community-based care.

40-8.9-6(a)(4) [with interim payments included in total and custodial]		2014	2015	2016	2017	2018	2019	2020 ¹	% Change FY19 to FY20 ¹
Nursing Facilities (Custodial) ¹	Total Dollars: Age 65+ ¹	\$246,789,800	\$249,956,406	\$236,185,390	\$241,901,595	\$245,244,989	\$237,154,055	\$209,840,605	-11.5%
	Total Dollars: Age 18-64 ¹	\$28,748,648	\$32,041,842	\$32,937,454	\$33,239,415	\$34,630,589	\$35,109,014	\$30,509,907	-13.1%
	Total Dollars: All Ages ¹	\$275,538,448	\$281,998,248	\$269,374,487	\$276,897,486	\$286,031,793	\$281,469,936	\$244,753,761	-13.0%
	Percent of LTSS Spending: Age 65+ [No DD included] ¹	83%	84%	84%	85%	86%	83%	78%	-5.5%
	Percent of LTSS Spending: Age 65+ ¹	75%	75%	75%	76%	75%	74%	69%	-6.9%
	Percent of LTSS Spending: Ages 18-64 ¹	12%	13%	13%	13%	13%	13%	11%	-15.2%
	Percent of LTSS Spending: All Ages ¹	48%	48%	47%	48%	48%	47%	42%	-11.0%
	Average cost of care: 65+ ¹	\$59,344	\$60,822	\$60,534	\$63,110	\$64,505	\$65,053	\$65,221	0.3%
	Average cost of care: 18-64 ¹	\$63,301	\$64,280	\$65,193	\$66,433	\$67,489	\$68,226	\$69,544	1.9%
	Home and Community Based Services (HCBS), except for those with Intellectual and Developmental Disabilities	Total dollars: Age 65+	\$49,209,013	\$48,405,401	\$45,630,959	\$41,687,923	\$41,186,651	\$48,407,712	\$57,626,752
Total Dollars: Age 18-64		\$28,848,501	\$26,414,193	\$24,529,065	\$22,670,062	\$21,643,616	\$23,842,938	\$27,374,156	14.8%
Total Dollars: All Ages		\$78,057,514	\$74,819,594	\$70,160,024	\$64,357,985	\$62,830,267	\$72,250,650	\$85,000,908	17.6%
Percent of LTSS Spending: Age 65+		15%	15%	14%	13%	13%	15%	19%	25.2%
Percent of LTSS Spending: Ages 18-64		12%	10%	10%	9%	8%	9%	10%	12.1%
Percent of LTSS Spending: All Ages		14%	13%	12%	11%	10%	12%	14%	20.4%
Average cost of care: 65+		\$17,802	\$17,044	\$16,063	\$15,554	\$15,331	\$17,706	\$19,912	12.3%
Average cost of care: 18-64	\$18,463	\$16,218	\$14,970	\$15,361	\$15,227	\$17,205	\$20,445	18.8%	
HCBS for Adults with Intellectual and Developmental Disabilities	Total dollars: Age 65+	\$31,255,520	\$33,616,762	\$33,083,880	\$35,985,947	\$39,261,080	\$35,417,426	\$37,711,108	6.5%
	Total Dollars: Age 18-64	\$187,341,674	\$194,701,200	\$196,970,584	\$203,792,136	\$212,359,580	\$212,606,637	\$220,314,617	3.6%
	Total Dollars: All Ages	\$218,597,194	\$228,317,962	\$230,054,464	\$239,778,083	\$251,620,660	\$248,024,063	\$258,025,725	4.0%
	Percent of LTSS Spending: Age 65+	10%	10%	11%	11%	12%	11%	12%	12.0%
	Percent of LTSS Spending: Ages 18-64	76%	77%	77%	78%	79%	78%	79%	1.2%
	Percent of LTSS Spending: All Ages	38%	39%	40%	41%	42%	41%	44%	6.5%
	Average cost of care: 65+	\$92,469	\$96,704	\$98,816	\$102,251	\$104,496	\$96,281	\$100,330	4.2%
Average cost of care: 18-64	\$61,387	\$61,552	\$62,376	\$63,683	\$66,420	\$65,467	\$66,438	1.5%	
Total ¹	Total dollars: Age 65+ ¹	\$327,254,333	\$331,978,569	\$314,900,229	\$319,575,465	\$325,692,720	\$320,979,193	\$305,178,465	-4.9%
	Total Dollars: Age 18-64 ¹	\$244,938,823	\$253,157,235	\$254,437,103	\$259,701,613	\$268,633,785	\$271,558,589	\$278,198,680	2.4%
	Total Dollars: All Ages ¹	\$572,193,156	\$585,135,804	\$569,588,975	\$581,033,554	\$600,482,720	\$601,744,649	\$587,780,394	-2.3%
	Average cost of care: 65+ ¹	\$28,236	\$28,885	\$27,949	\$28,770	\$29,411	\$28,780	\$27,703	-3.7%
	Average cost of care: 18-64 ¹	\$35,957	\$36,780	\$36,998	\$39,601	\$41,069	\$40,160	\$41,803	4.1%

Note: The data in this chart are based on actual claims activity and spending on an incurred basis. The data have not been grossed up to accommodate for missing managed care claims and/or outstanding claims for services a provider has rendered but not yet billed Medicaid FFS or a Managed Care Organization. Further, EOHHS has excluded all long-term rehabilitative stays and hospice expenditures from its definition of long-term custodial care.

Since the data above do not include this subset of institutional stays, the total dollars presented here will differ from LTSS spending presented elsewhere, including in reporting for Medicaid Caseload and Perry Sullivan. For example, not included herein, in FY 2019, nursing home days defined as rehabilitative in nature and hospice claims cost an additional \$95-100 million and \$30-35 million, respectively.

The chart does not include approximately \$32m of interim payments for custodial nursing home care where a claim has not already been paid. Interim payments are those advances made to LTSS providers, as required under R.I. Gen. Laws 40-8-6.1, where an LTSS application has been pending over 90 days.

Definitions

Nursing Facilities (Custodial): Services rendered in an institutional nursing facility for a non-rehabilitation, non-hospice stay. Services in state hospitals are not included.

Home and Community Based Services (HCBS), except for those with Intellectual / Developmental Disabilities: HCBS (full list in definition booklet) provided to Medicaid LTSS-eligible clients and those eligible for HCBS through OHA. Note that personal choice spending and those in Rhody Health Options Phase II may be understated due to some outstanding claims from the managed care organization.

HCBS for Adults with Intellectual / Developmental Disabilities: Residential, day, employment, support coordination, care management services, and all self-direction costs for I/DD consumers who chose that pathway.

Total Dollars: Spending based on date of service, within the fiscal year; all spending from claims (does not include interim payment advances with a claim not already paid).

Percent of LTSS Spending: Percent of Total LTSS spending for the respective age group, or total, depending on the line.

Average cost of care: Total spending divided by average eligible people* in a given year. Average eligible people is the total months of Medicaid and LTSS eligibility, divided by 12.

(a)(5) The amount of savings attributed to the value of the reduction in [custodial] nursing home days including hospice nursing home days paid by Medicaid in accordance with RIGL § 40-8.9-4 and how the savings, if any, are allocated in the current fiscal year and in the proposed budget for the ensuing fiscal year to promote and strengthen home and community-based alternatives.

Because nursing home days increased from SFY18 to SFY19, the amount of savings attributed to the value of the reduction in nursing home days, including hospice nursing home days paid for by Medicaid in accordance with §40-8.9-4 in SFY20 and added to the SFY21 Enacted budget was \$0 General Revenue (GR) / \$0 All Funds (AF). The SFY21 enacted budget also included continued investments in home care that took the form an increase in rates pursuant to [RIGL §40-8.9-9](#).

Because nursing home days decreased from SFY19 to SFY20, the amount of savings attributed to the value of the reduction in nursing home days, including hospice nursing home days paid for by Medicaid in accordance with §40-8.9-4 in SFY21 to the SFY22 budget projections in the adopted November 2020 Caseload Estimating Conference was \$431 K General Revenue (GR) / \$950 K All Funds (AF). The SFY22

Governor's budget proposal included many investments in home and community based care described below.

(a)(6) Estimates of the continued investments necessary to provide stability to the existing system and establish the infrastructure and programs required to achieve systemwide reform and the targeted goal of spending fifty percent (50%) of Medicaid long-term care dollars on nursing facility care and fifty percent (50%) on home- and community-based services.

Rhode Island's older adult population is growing rapidly. Over 31 percent (31%) of Rhode Islanders are 55 or older, versus 28 percent (28%) nationally, and our state has the highest proportion in the United States of those 85 or older. Given this, continued investment in the state's home- and community-based workforce and service array is paramount – along with continued focus on rightsizing and strengthening institutional care options. The State is also focused on improving Rhode Island's behavioral healthcare landscape and ensuring the state is prepared to support the rising number of individuals and families affected by dementia.

EOHHS and the agencies administering LTSS programs and services under its umbrella – DHS, BHDDH and OHA – remain focused on fostering a more balanced, sustainable and responsible continuum of long-term care services that delivers the right support, at the right time, and at the right cost. While the COVID-19 global pandemic reinforces the state's focus on safety and health, we will not lose sight of responsible and respectful rebalancing efforts.

We continue to pursue systemic reform through the No Wrong Door (NWD) initiative which is redesigning LTSS from the point of entry onward to incorporate person-centered principles which promote choice, community integration, and opportunity for a Rhode Islanders at-risk for or in-need of long-term services and supports. The NWD initiative is an interagency effort launched by EOHHS in 2018 to strengthen the LTSS system. The NWD vision for the future is to ensure that no matter the point of entry any Rhode Islander will be able to obtain information or help with short- and/or long-term needs. Through increased awareness of available programs and services, the State anticipates higher utilization of home- and community-based services and supports, and less reliance on institutional care.

The State continues to implement reforms that facilitate the better coordination of services, the implementation statewide of person-centered planning and conflict-free case management, and easy access to robust person-centered options counseling. The first phase of this initiative is underway and the State is in the middle of launching the Person Centered Options Counseling pilot program in March 2021.

The State is also reviewing our current HCBS eligibility and assessment process to look for operational and technological improvements to make it easier for Rhode Islanders to access Medicaid-covered services in their communities.

Finally, all the agencies participating in the NWD effort are taking a place-based approach to service delivery, exploring opportunities to increase our investments in the network of LTSS programs, and developing innovative, state of the art tools and outreach campaigns that make the system easier to navigate and understand. More information can be found here:

<http://www.eohhs.ri.gov/Initiatives/LTSSNoWrongDoor.aspx>

COVID-19

Along with these NWD initiatives, EOHHS has dedicated substantial investments during the COVID-19 public health emergency to support and expand home-based care options during the public health emergency. Before COVID-19, 61% of the state's Medicaid long-term care recipients lived in nursing facilities, which have struggled to contain the spread and impact of COVID-19 on residents and staff.

The Long Term Services and Supports (LTSS) Resiliency plan invested \$20M in nursing facility supports to implement infection control, investments in capital and program changes to fundamentally re-orient the delivery of care in nursing facilities, and targeted investments to expand home-base care options, through home-based workforce incentives, training and supports.

The State invested across the home and community based service array and provided incentive funding and recruitment funding to assisted living residences, home care agencies, personal choice and independent providers, and share living providers, to pay for increased COVID costs and expand their workforce. The State also invested to assist families in better understanding long-term care options and accessing home-based care options when discharged from hospitals. Full program information can be located here: <http://www.eohhs.ri.gov/Initiatives/LTSSResiliencyPrograms.aspx>

Selected metrics from previous CARES Act funded LTSS Resiliency programs include:

For self-directed programs:

- Supported 815 active home care workers during the pandemic to fund 3 months of PPE
- Provided hiring incentives, which resulted in adding 110 self-directed workers

For home health agencies:

- Provided \$2M to 20 home health agencies to support 1,819 CNAs and homemakers
- Incentives resulted in over 90 workers hired, over 135 workers increasing hours to 32+/week, and median wages for CNAs increased by \$0.67/hour
- Supported 11 adult day programs for PPE/infection control to support reopenings
- Enhanced the functionality and reporting capability of the home care referral portal

For congregate care facilities:

- Nursing facility recipients were required to produce evidence of a completed COVID-19 preparedness checklist
- Provided funds to 20 ALRs to support infection control and social distancing
- Supported 10 nursing facilities to diversify/repurpose over 200 beds to better meet needs of Rhode Islanders

For additional person-centered supports:

- 58 direct care workers completed Behavioral Health Certificate training. Classes were offered in English and Spanish.

For technology supports:

- Started the digiAGE program to address the heightened social isolation and disconnection older adults were experiencing in the pandemic.

- The program has emerged as a model nationally in the healthy aging space to combat social isolation and related health impacts, as well as arm older adults with new tools, skills and opportunities to help them age strong.
- To date, nearly \$600,000 in public and private funds have been invested – with an intentional focus on serving communities with greatest economic and social need. Among the funded efforts are:
 - Five digiAGE pilots in the community, connecting nearly 300 older adults to technology and related training and content. Programs target communities hard hit by the pandemic and are culturally relevant (i.e., being offered in languages other than English by individuals familiar with and part of the participants’ same community).
 - In partnership with Medicaid, the Office of Healthy Aging granted nearly \$80,000 to nursing facilities to purchase smart devices for residents’ use. Twenty-five facilities participated in the grant program.
 - Announced \$200,000 in grants to 10 local organizations, helping to connect care partners to technology and related training. The grantees reflect our state’s rich diversity and will ultimately serve hundreds of elders and families across the state.

Governor McKee’s FY2022 Budget

Governor McKee’s FY2022 budget proposal builds on these programs. The FY22 recommended budget proposed targeted rate increases to home care to promote access to care on night and weekends and to improve the training of home health workers who may care for individuals with behavioral health needs. This is in addition to statutory COLA increases for home health included in the FY22 recommended budget.

The FY22 budget proposal includes assisted living payment reforms to establish a tiered rate structure linked to a facility service array and to beneficiary needs. In making this change, assisted living residences will see increases in Medicaid reimbursement, and we anticipate that this will allow for an increase in Medicaid members in assisted living.

The budget proposal would also make eligibility for HCBS services more attractive to individuals by increasing the amount of money a beneficiary is allowed to keep to stay in the community by 120%. We recommend doing this by increasing the maintenance of need allowance – the monthly amount an individual is allowed to keep to support themselves – from \$1,083 / month to \$2,382 per month.

The budget proposal also recognizes that self-directed option may be more helpful for individuals seeking community support. The Governor’s recommended budget includes a 10% increase in the shared living stipend rate to support this self-directed model.

The Governor’s budget also sustains critical investments in programs that help older Rhode Islanders and adults living with disabilities to age strong in the community – including food and wellness, transportation, senior center, employment, and caregiver support services. His budget supports a stronger, more age-friendly Rhode Island: one that embraces aging and celebrates the many contributions of older Rhode Islanders and adults living with disabilities to the state’s social, cultural and economic vitality.