



Rhode Island Health Care System Planning

Emerging Priority Areas and Strategic Opportunities

Long-Term Care and Healthy Aging

October 10, 2024

Priority Area #1: Financial Instability and Reimbursement:

- Nursing home closures and continued financial challenges and instability of facility-based and community-based options, have accelerated the need to address reimbursement pressures and quality imperatives.

Review of Core Findings Underlying this Priority Area

- Nursing home closures over the past two decades have increased in frequency post-COVID.
- Reimbursement rates have not kept up with costs in both facility and community-based settings.
- Recent rate increases remain inadequate to cover the increasing costs of care.
- An accelerated number of nursing homes have closed during the past 3 years, and others have not been able to staff to accommodate their bed capacity due to workforce shortages, creating wait lists and bottlenecks in higher levels of care.
- Only three nursing homes currently have specific Memory Care/Dementia-specific units, yet the demand for dementia-related care is much higher.
- A predominance of for-profit nursing homes in RI has shifted historical ownerships trends.
- While there is an attractive, newly constructed Veterans Home, it is currently unable to recruit adequate staff to meet bed capacity, resulting in an extensive waiting list.
- Older adults and people living with disabilities who have behavioral care needs are not able to find nursing homes capable of meeting their needs.
- Assisted living facilities (ALFs) are largely private pay, and there is low capacity for Medicaid-supported care in ALFs.
- A significant number of RI Nursing Homes have low star ratings and/or are under review by the state due to quality concerns.
- Healthcare workforce shortages create capacity concerns in facility-based care, resulting in bottlenecks.
- The state Ombudsman program produces essential data to identify critical areas of safety and quality in facility and community-based care.
- Minimum staffing levels are not enforced due to workforce shortages.

Emerging Recommendations and Strategic Opportunities

- Examine, revise, and reduce regulatory/licensing barriers that slow down or eliminate the potential of converting existing long-term care beds to alternate uses that serve the emerging needs of older adults, such as Assisted Living units.
- Provide emergency or temporary funding for long-term care and assisted living facilities that stabilize them during periods of financial stress and enable them to stay open.
- Explore staffing alternatives in nursing homes that allow the provision of care and social engagement but are not as reliant on certified nursing assistants.
- Revise the Medicaid payment methodology to reward long-term care facilities for the provision of value-based care and set reimbursement methodologies to adequately cover the costs of care and minimum staffing requirements.
- Reconfigure the behavioral health nursing home incentive to encourage more nursing homes to open and staff units for older adults with behavioral health conditions.
- Establish staff training programs for Nursing Homes and Assisted Living Facilities and create incentives that support quality training for facility personnel on major issues of aging and care needs.
- Coordinate and support quality and regulatory responses with the state Ombudsman program.
- Address gaps in behavioral health services for older adults and IDD populations in long-term care settings to ensure that residents receive timely, person-centered care, including the ability to transition to more intensive services within their existing facilities or in other, more appropriate settings.

Possible Areas of Overlap, Collaboration, and Collective Action

- Behavioral Health
- Division of Insurance
- Department of Health
- Workforce

Needs for Additional Data or Assessment

- Working with state and community-based care partners, the Office of Healthy Aging should develop quality metrics for levels of care funded by the state and available to older adults and people living with disabilities (including Assisted Living and In-Home Care) and post quality data on a publicly accessible site.

Priority Area #2: Workforce

- Work with state and community partners and existing initiatives to support and provide strategies and solutions to build and sustain an adequate workforce prepared to address the health-related and social service needs of an aging population.

Review of Core Findings Underlying this Priority Area

- All healthcare settings and levels of care from home-based care to nursing homes report workforce shortages.
- Workforce shortages in nursing homes and home health constrain the ability of hospitals to discharge patients who no longer require acute care but do require supportive and rehabilitation services.
- Turnover of the existing healthcare workforce impacts the quality of care in all settings and increases costs to healthcare employers and the system of care.
- Rhode Island providers compete with one another and with Massachusetts and Connecticut providers for a skilled workforce.

Emerging Recommendations and Strategic Opportunities

- The OHA should engage with other state and community initiatives to address the development, recruitment, and retention of a skilled healthcare workforce.
- The state should evaluate and launch student retention strategies targeted to medical, nursing, and therapy students attending Rhode Island schools that address reduced tuition or loan forgiveness.
- The state should work with providers to develop short and mid-term affordable housing pilot programs to attract new employees. For example, the state could provide seed funding to develop apartment units adjacent to healthcare settings to house new employees or provide partial support of housing allowances.
- Review and update provider reimbursement annually to remain competitive.
- Implement ongoing training programs and resources to reinforce linguistic and cultural responsiveness and humility among all staff, ensuring that primary care providers can deliver equitable, patient-centered care that respects and meets the diverse cultural, linguistic, and social needs of all patients, particularly those from historically underserved populations.

Possible Areas of Overlap, Collaboration, and Collective Action

- Work with the University of RI, Rhode Island College, the Community College of Rhode Island, and Brown University to identify opportunities to support existing initiatives.
- Work with the RI Health System Transformation Project to develop career pathways and develop provider partnerships (including paid internships and clinical practicums) to recruit and retain students and the emerging workforce into careers that serve older adults and people living with disabilities.

- Work with colleges and universities to develop geriatric training programs to build the skills of existing health practitioners. Examples include opportunities to develop Geriatric Workforce Enhancement Programs (GWEP) through federal funding.
- Work with universities, towns, and civic organizations to support the transformation of space into potential housing for students.

Needs for Additional Data or Assessment

- Healthcare setting staffing capacity and needs assessment on at least an annual basis.
- Annual data gathered from educational facilities reporting the retention of new healthcare graduates (medicine, nursing, pharmacy, therapies) from RI institutions

Priority Area #3: Community-Based Options

- Invest in and expand existing community-based options and explore new avenues for supporting older adults through care transitions.

Review of Core Findings Underlying this Priority Area

- PACE and Adult Day Health program capacity is underutilized.
- Medicaid enrollment delays currently impede enrollment in alternative settings: the current enrollment process can take a month or more, and communication of enrollment status to supporting agencies (e.g. OHA's The Point) lags.
- Nursing home bed conversion to assisted living level of care is an appropriate option for many older adults, however, it requires a lengthy regulatory review and approval process that stalls the ability to transition and creates bottlenecks in other systems.
- The Village membership model where neighbors-help-neighbors is a cost-effective program to support older adults in the community, but the system is currently supported only through a private pay and grant-funded model.
- Primary care and other CBO providers are not fully aware of the full scope of alternatives available.
- Local senior centers serve as an important backbone of information and support.
- Affordable and accessible housing is inadequate to meet the needs of the growing aging and disability population.
- Veterans Home currently has unfilled beds/apartments but is unable to fill its capacity and to meet current demand due to workforce challenges.
- Other TBD

Emerging Recommendations and Strategic Opportunities

- Provide adequate funding for the Office of Healthy Aging and elevate its position to cabinet-level status so that coordination of services for older adults can occur more effectively.
- Market and promote OHA's full range of services, including The Point as a prime source for information and referral to older adult and disability services.
- Provide funding incentives to providers and community partners to collaborate in developing a "continuum of care" for older adults and people living with disabilities in Rhode Island.
- Provide community education to increase the level of knowledge of community providers concerning the range of services available to older adults and people with disabilities.
- Prioritize marketing of The Point as a prime community resource for information, education, support, and referral to older adults, community-based organization personnel, and care partners for older adults.
- Expand the RI Supportive Services at Home (SASH) program to more communities and facilities throughout Rhode Island by providing funding incentives to provide person-centered care to older adults and people living with disabilities.
- Expand the Rhode Island @Home Cost Share Program to enable more middle and lower-income clients (who do not qualify for Medicaid) to benefit from reduced-cost supportive In-Home and Adult Day services.

- Expand Assisted Living in more communities across Rhode Island to increase access to supportive services with Medicaid and private pay options.
- Expand the Choices for Independence (CFI) program to Assisted Living Centers throughout the state of RI.
- Eliminate barriers to enrollment, e.g., PACE, by expediting Medicaid determination.
- Consider supporting and scaling Village project membership by implementing shared cost options for middle- and lower-income residents and creating funding to expand capacity across RI.
- Address critical workforce housing needs by considering options to house staff in a location adjacent to the center of care. For example, seek requisite government approvals for Veterans Homes and Assisted Living Facilities to convert apartments for short-term workforce housing.
- Remove regulatory barriers that slow down or deter the transition of long-term care beds to assisted living units.
- Other TBD

Possible Areas of Overlap, Collaboration, and Collective Action

- Housing and social determinants of health
- Behavioral health needs are critical to support the diverse needs of the LTSS population.
- Primary care has too few geriatricians for the aging population. Need to leverage NPs, PAs, care coordinators, and navigators and educate the primary care community in aspects of aging and age-related care.
- Health plans have much to gain by promoting highly functioning community services for older adults to prevent expensive hospitalizations.
- Rhode Island is a leader in creating Age Friendly communities providing opportunities to pilot multigenerational housing and intergenerational programming.
- Other TBD

Needs for Additional Data or Assessment

- Quarterly data reflecting the # of nursing home beds and assisted living units: capacity and utilization
- # of practicing geriatricians and geriatric nurse practitioners
- Survey older adults: what matters most?
- Survey of those who are disabled 18-64: what matters most?
- Other TBD

Priority Area #4: Healthy Aging

- Elevate healthy aging across sectors and geographies, including investments in preventive care and evidence-based approaches to promote socialization, exercise, walkable communities, nutrition, and wellbeing.

Review of Core Findings Underlying this Priority Area

- Data highlighted in the United States Surgeon General’s report underscores that health risks of loneliness and social isolation are top risk factors for poor health outcomes.
- Data demonstrate that Intergenerational connections and socialization reduce social isolation.
- Vision and hearing loss contribute to the acceleration of dementia. Addressing these health priorities promotes well-being and healthy aging.
- The [Blue Zone](#) research emphasizes natural movement, diet, relationships, purposeful living, and a sense of belonging. These are low-cost approaches to healthy aging.

Emerging Recommendations and Strategic Opportunities

- Rhode Island’s size provides an opportunity to pilot healthy aging best practices from around the world. Create an “Innovation Fund” that encourages the design and testing of new concepts or systems of care that meet the needs of older adults and those living with disabilities.
 - Consider funding specific communities that have documented the highest health disparities for targeted health issues.
 - Explore emerging evidence-based programs that improve the health of older adults.
 - Promote intergenerational programs for mental health benefits for young and old.
 - Partner with health plans to sponsor any of the many evidence-based programs in the United States to promote healthy aging, including considering some of the programs below:
1. [Aging Mastery Program \(AMP\)](#): Developed by the National Council on Aging to promote lifestyle changes.
 2. [Chronic Disease Self-Management Program \(CDSMP\) and Diabetes Self-Management Program \(DSMP\)](#) provide Evidence-Based Disease Prevention Programs and workshops that focus on lifestyle changes.
 3. [Healthy Ideas](#): This evidence-based program helps to assess and support older adults with Depressive symptoms.
 4. [Silver Sneakers](#): A fitness program that offers older adults access to gyms and classes physical activity and social engagement focused on aging physical activity.
 5. [CAPABLE](#) (Community Aging in Place – Advancing Better Living for Elders): This program combines nursing, occupational therapy, and handyman services to help older adults remain independent in their homes.
 6. [A Matter of Balance](#): This program aims to reduce the fear of falling and increase activity levels among older adults through structured group discussions and practical strategies.

7. [Perfect Pair](#): provides intergenerational connections between students and older adults for connection and friendships across generations.
8. [The Legacy Project](#): Non-profit that connects young and older adults to document stories and legacy.

Possible Areas of Overlap, Collaboration, and Collective Action

- Social determinants of health.
- National and state organizations/ state associations focused on healthy aging.
- Work with the University of RI, Rhode Island College, the Community College of Rhode Island, and Brown University to identify opportunities to support innovation.
- Seek funding from AARP and other organizations to support pilot programs.
- Work with the RI Health System Transformation Project to develop career pathways, and develop techniques to recruit and retain students and the emerging workforce into careers that serve older adults and people living with disabilities.
- Primary care initiatives.

Needs for Additional Data or Assessment

- RI resident membership in evidence-based programs and outcome data.
- Senior Center state-wide data on older adult membership in wellness, exercise, meal programs, and educational programs.

Priority Area #5: Collaboration

- Enhance the state's focus on aging and disability by coordinating the work of state offices that address the needs of the aging and disabled population.

Review of Core Findings Underlying this Priority Area

- Various state offices interact with, direct, and/or regulate the long-term care service and support system in Rhode Island: EOHHS, Office of the Attorney General, Office of the Lt Governor, Office of Healthy Aging, Veterans Affairs, Dept of Health, Dept of Housing, Insurance Division and others.
- Create monthly coordinating meetings to prioritize system wide coordination of initiatives, outcomes, services, and developments to improve communication with providers of services and allow for collaborative planning and decision making.
- All partners at the state level are involved to some degree in addressing healthcare workforce shortages that greatly impact the ability of community partners to deliver services, but they are working in different ways.
- While the Office of Healthy Aging has broad responsibility, it is not funded or staffed to carry out all of the work the state will need to address the needs of a growing older adult population.
- Community level providers and advocates have shared that directives from multiple state offices do not consistently align with one another, causing confusion and potentially slowing progress forward.
- Apart from recent increases in Medicaid reimbursement for certain services, the state lacks the ability to support innovations that create or support new initiatives to improve services for the aging and disabled population.
- RI State Legislature, including a high-profile committee led by Representative Carsen, is actively working to develop a state-wide LTSS plan, creating opportunities for alignment with state agencies.
- There are dozens of committees and bodies involved in improving LTSS for older adults and disabled residents.

Emerging Recommendations and Strategic Opportunities

- Elevate the Office of Healthy Aging to a cabinet-level position and increase funding so that the office is better able to assess, coordinate, and fund services that improve healthy living for older adults and those living with a disability.
- Improve coordination of the Long-term Care Council so that it becomes a consistent and empowered vehicle for reviewing data, identifying challenges, proposing solutions, and cultivating positive movement in healthy aging.
- Align the state office's activities with the RI Commission on Aging priority areas.
- Measure the outcome of Medicaid Managed Care and Medicare Advantage to identify whether or not programs are meeting beneficiaries needs and improving access to care.
- Undertake a comprehensive evaluation of the needs of the aging and disability communities in order to plan effectively for the future and inform the Certificate of Need process.

- Evaluate supportive funding to programs and services that have demonstrated the capacity to support older people and those living with disabilities in community settings in RI, including The Village Common of RI, Age-Friendly Rhode Island, Housing Works RI
- Promote and market The Point as a core point of information, referral, and case management and enhance the education and staffing of The Point to enable it to develop and share expertise across the state.

Possible Areas of Overlap, Collaboration, and Collective Action

- The coordinated entity should work across agencies to assess needs, plan interventions, and coordinate options and activities to address the needs of the older adult and disabled communities.
- The coordinated entity should establish regular communication with related regional programs including Age-Friendly RI, the Village Common of RI, Housing Works RI, Meals on Wheels, Senior Centers, PACE, and other groups representing services for older adults and people with disabilities to monitor needs and coordinate responses.

Needs for Additional Data or Assessment

- Establishment of a standardized data dashboard that identifies elements from all levels of care, existing capacity, waitlist volume, etc.
- Develop and measure applicable quality metrics in all levels of care and support available to the public and post metrics to enable clients, family members, and care navigators to understand the status of programs and options.

Priority Area #6: Regulatory and Licensing Efficiencies

- Review, assess, and remove barriers to enrollment, transitions of care, and regulatory and licensing requirements that impede innovation in care delivery and workforce development.

Review of Core Findings Underlying this Priority Area

- Medicaid enrollment delays impede enrollment in some programs that serve as alternatives to nursing homes and delay residents receiving the right care at the right time. e.g. PACE
- Conversion of nursing home beds to assisted living is slowed by multiple oversight bodies.
- Workforce licensing does not identify those currently practicing versus those who are licensed, hindering state workforce planning.
- Emergency room use by older adults far surpasses other age sectors, and is often an inappropriate place for care; hospitalizations of older adults with delayed discharges create an inpatient backlog.

Emerging Recommendations and Strategic Opportunities

- Consider presumptive eligibility guidelines for older adults to qualify for PACE and other long-term care services, such as Adult Day.
- Examine, revise, and reduce regulatory/licensing barriers that slow down or eliminate the potential of converting existing long-term care beds to alternate uses that serve the emerging needs of older adults, such as Assisted Living units.
- Catalog regulatory and licensing requirements that are outdated and no longer meet state goals.
- Identify and assign one accountable agency for processes that require multiple agency review.
- Identify possible regulatory and other requirements that could possibly impede right care at the right time.

Possible Areas of Overlap, Collaboration, and Collective Action

- Workforce
- Primary Care
- Behavioral health
- Hospital

Needs for Additional Data or Assessment

- Survey regulatory and licensing requirements that are outdated and no longer meet state goals.
- Include in state licensing of providers questions that address whether providers are currently practicing, number of hours per week, and location in Rhode Island.

Priority Area #7: Innovation

- Support, encourage, and fund innovative solutions that promote community initiatives, cross-sector collaborations, and technology to promote wellbeing, care delivery effectiveness, and administrative efficiencies.

Review of Core Findings Underlying this Priority Area

- Graduates of state colleges, universities, and technical schools offer resources for LTSS; RI can help to build a pipeline of new workers to seek positions in LTS by partnering senior living, health, and social supports with students and new graduates.
- Declining birthrates put pressure on educational enrollments and offer opportunities for the state to repurpose and monetize land for multigenerational living and learning communities.
- An inadequate supply of workers creates opportunities to implement remote monitoring technology and to provide regulatory support for virtual health visits.
- RIDOH's licensing of health care professionals is burdensome due to antiquated systems.
- All healthcare settings and levels of care from home-based care to nursing homes report workforce shortages.
- Workforce shortages in nursing homes and home health constrain the ability of hospitals to discharge patients who no longer require acute care but do require supportive and rehabilitation services.
- Turnover of the existing healthcare workforce impacts the quality of care in all settings and increases costs to healthcare employers and the system of care.
- Rhode Island providers compete with Massachusetts providers for a skilled workforce.

Emerging Recommendations and Strategic Opportunities

- Create an "Innovation Fund" that encourages the design and testing of new concepts or systems of care that meet the needs of older adults and those living with disabilities. Innovations may require waivers from select regulatory features, and those will need to be discussed and coordinated with all state regulatory bodies.
- Engage Age-Friendly RI, AARP, and private and public to develop an intergenerational living and learning community for multigenerational housing, workforce opportunities for students, and a purposeful lifelong learning hub for older adults across RI
- Pilot technological innovations to support care at home, such as remote monitoring tools to prevent falls, and to monitor and report key health metrics.
- Explore best practices for housing for employees adjacent to/ on health and senior care campuses.
- Engage and fund social service agencies with regular contact with older adults, such as Meals on Wheels, to formally do home checks and to report on findings to the central hub (which could be the local senior center or OHA).
- Implement new technologies that facilitate care delivery processes.

- Survey licensed providers (individuals and facilities) annually: number of beds in use versus number of licensed beds; number of providers practicing FT/ PT versus licensed but not with a clinical practicing.
- The OHA should engage with other state and community initiatives to address the development, recruitment, and retention of a skilled healthcare workforce.
- The state should evaluate and launch student retention strategies targeted to medical, nursing, and therapy students attending Rhode Island schools that address reduced tuition or loan forgiveness.
- The state should work with providers to develop short and mid-term affordable housing pilot programs to attract new employees. For example, the state could provide seed funding to develop apartment units adjacent to healthcare settings to house new employees or provide partial support of housing allowances.

Possible Areas of Overlap, Collaboration, and Collective Action

- Work with the University of RI, Rhode Island College, the Community College of Rhode Island, and Brown University to identify opportunities to support innovation.
- Seek funding from AARP to support pilot programs.
- Work with the RI Health System Transformation Project to develop career pathways, and develop techniques to recruit and retain students and the emerging workforce into careers that serve older adults and people living with disabilities.
- Work with colleges and universities to develop geriatric training programs to build the skills of existing health practitioners. Examples include opportunities to develop Geriatric Workforce Enhancement Programs (GWEP) through federal funding with placements in local health and senior living communities.
- Work with universities, towns, and civic organizations to support the transformation of space into potential housing for students, workforce, and older adults.

Needs for Additional Data or Assessment

- Inventory housing needs by geographic area.
- Healthcare setting staffing capacity and need assessment on at least an annual basis.
- Retention of healthcare graduates (medicine, nursing, pharmacy, therapies) from RI institutions, annual data.