

The logo features the text "Rhode Island's No Wrong Door Initiative" in a blue, serif font, centered within a yellow circle. This circle is set against a background of a blue maze with a central path leading to the circle.

*Rhode
Island's No
Wrong Door
Initiative*

**Title: Rhode Island's No Wrong
Door System Three Phase Strategic
Plan**

Prepared by: Rhode Island's Executive Office of
Health and Human Services

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KEY DEFINITIONS AND TERMS

Term	Definition
Action Plan	A documented plan developed by the consumer with the support of the Person-Centered Options Counseling (PCOC) Counselor as a result of PCOC that contains the consumer’s goals, along with the action steps, resources needed, timelines, and responsible parties to achieve the goals.
Activities of Daily Living (ADL)	Routine activities that people tend to do every day without needing assistance. There are six basic ADLs: eating, bathing, dressing, toileting, transferring, and mobility and ambulation. The need for assistance with medication management and personal hygiene is also considered an ADL.
Aging and Disability Resource Center (ADRC)	<p>ADRCs serve as a point of entry into the Long-Term Services and Supports (LTSS) system for older adults and individuals with disabilities. Through integration or coordination of existing aging and disability service systems, the ADRC program provides objective information, advice, counseling and assistance, and empowers people to make informed decisions about their LTSS needs.</p> <p>Rhode Island’s ADRC is called The POINT.</p>
American Community Survey (ACS)	A demographics survey program conducted by the U.S. Census Bureau. The ACS gathers information annually in the 50 U.S. states, the District of Columbia, and Puerto Rico.
Application Assistance	Process of assisting consumers to complete applications to receive state or federally funded services. This process includes completing forms and providing guidance on how to answer questions and submit required documentation.
At Risk of Long-Term Services and Supports (LTSS)	Refers to an individual that may require some LTSS within the next two years. This includes paid and unpaid services and all Medicare-Medicaid dually eligible beneficiaries and supplemental security income (SSI) recipients, among others, that are not in-need of LTSS.
Caregiver	A person who assists an older adult or person with a disability with ADLs or instrumental activities of daily living (IADL). This person may be a family member or trusted person in the individual’s life.
Care Transition	The process that a consumer experiences as they move through a variety of healthcare settings and healthcare practitioners during an episode related to a change in their acute or chronic illness.
Case Management	Set of inter-related activities that ensure access to coordinated Medicaid LTSS and the monitoring of service needs and outcomes. Case management is a Medicaid covered service and varies by provider (e.g., managed care organizations, community-agencies, State LTSS specialists, etc.), but generally involves implementing or overseeing the implementation

Term	Definition
	of a person's service plan by providing information, referral to appropriate service providers, and the coordination of necessary medical, social, educational and other services, regardless of the funding source for the services to which access is gained. Follow-up with the person/family is an essential component of this process.
Cognitive Impairment	Deficits in areas of functioning within the brain, including short/long-term memory, orientation to person, place, and/or time, abstract reasoning, or judgement especially related to safety issues. Cognitive impairment can result from various conditions.
Community Based Services	Services in the continuum of care that are provided in community settings. Often this group of services is known as home and community-based services (HCBS) or in some cases LTSS.
Decision Support	A core skill of PCOC, it is a process of assisting the consumer in reviewing, educating, and discussing available LTSS options. The PCOC Counselor is there to assist the consumer as they weigh the pros and cons and deliberate the issues which may affect their informed decision.
Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH)	The State agency established under the provisions of Rhode Island General Laws (R.I. Gen. Laws) Chapter 40.1-1 whose duty it is to serve as the State's mental health authority and establish and promulgate the overall plans, policies, objectives, and priorities for State programs for adults with intellectual and developmental disabilities as well mental illness and substance abuse education, prevention, and treatment.
Department of Human Services (DHS)	The State agency established under the provisions of R.I. Gen. Laws Chapter 40-1 that is empowered to administer certain human services. Through an interagency service agreement with the Executive Office of Health and Human Services (EOHHS), the Medicaid Single State Agency, DHS was delegated the authority to determine Medicaid eligibility in accordance with applicable State and federal laws, rules, and regulations.
Eligibility	<p>A broad term that refers to criteria that an individual must meet to receive a State or federally funded service.</p> <p>There are three stages of eligibility:</p> <ul style="list-style-type: none"> • <i>Pre-Eligibility</i>: The process of providing information, direction, awareness, and choice to consumers before they apply for a State or federally funded program. • <i>Eligibility</i>: The process of supporting consumers in applying for and accessing required services. • <i>Post Eligibility</i>: Refers to the activities that happen after someone becomes eligible for a program. This includes service delivery, transition support, and measuring health outcomes.

Term	Definition
Executive Office of Health and Human Services (EOHHS)	The entity within the executive branch of Rhode Island State government that is designated as the Medicaid Single State Agency in R.I Gen. Laws and the Medicaid State Plan. In this capacity, it is responsible for overseeing the administration of all Medicaid-funded LTSS in collaboration with the health and human services agencies under the office's jurisdiction.
Home and Community-Based Services (HCBS)	Types of person-centered care delivered in the home and community. A variety of health and human services can be provided. HCBS programs address the needs of people with functional limitations who need assistance with ADLs, like getting dressed or bathing. HCBS are often designed to enable people to stay in their homes, rather than moving to a facility for care.
Information and Referral (I&R)	The process of providing information to consumers or family members who are seeking LTSS services. This process may include providing a referral to agencies on the consumer's behalf.
Intake and Screening	Using information gathered to engage in a conversation about preferences, strengths, needs, and available resources given expressed needs. Use of a standardized screening tool, as appropriate, to learn whether there is a need/potential eligibility for Medicaid (necessary to obtain federal match) and/or any other services.
Long-Term Services and Supports (LTSS)	LTSS encompass a broad range of paid and unpaid medical and personal care assistance that people may need – for several weeks, months, or years – when they experience difficulty completing self-care tasks as a result of aging, chronic illness, or disability. LTSS includes ADLs (such as eating, bathing, and dressing) and IADLs (such as preparing meals, managing medication, and housekeeping). ¹
Medicare LTSS Coverage	<p>Medicare is the federal health insurance program for people who are 65 or older or for younger people with disabilities. Medicare typically covers medically necessary primary care essential benefits for acute care, such as doctor visits, prescription drugs, and hospital stays. Except for the specific circumstances described below, Medicare does not pay for most LTSS or personal care— such as help with bathing or for supervision:</p> <ul style="list-style-type: none"> • <i>Following hospitalization:</i> Medicare will help pay for a short stay in a skilled nursing facility (SNF) following a three-day inpatient stay if a person needs skilled services such as skilled nursing services, physical therapy, or other types of therapy. Limits apply. • <i>Medically necessary to treat a condition:</i> If ordered by a physician, Medicare will cover part-time/intermittent skilled nursing and other skilled services at home or in an appropriately certified health facility as

¹ Kaiser Family Foundation, *Medicaid and Long-Term Services and Supports: A Primer*, available at <https://www.kff.org/medicaid/report/medicaid-and-long-term-services-and-supports-a-primer/#:~:text=%E2%80%9CLong-term%20services%20and%20supports,%2C%20chronic%20illness%2C%20or%20disability>

Term	Definition
	<p>well as medical social services and durable medical equipment. Fewer limits apply.</p> <ul style="list-style-type: none"> • <i>Prevent further decline</i>: Medicare covers ongoing long-term care services to prevent further decline for people with medical conditions that may not improve. This can include conditions like stroke, Parkinson's disease, ALS, Multiple Sclerosis, or Alzheimer's disease. • <i>Hospice</i>: Medicare covers hospice at home, in a nursing facility (NF), or hospice including drugs and palliative care for beneficiaries with terminal illnesses that are not receiving other treatments. Respite for caregivers may also be covered.
Medicaid LTSS Coverage	<p>Medicaid is a state and federal health insurance program that assists low-income families or individuals in paying for LTSS and medical care. Medicaid LTSS coverage includes a broad spectrum of services for persons with clinical and functional impairments and/or chronic illness or diseases that require the level of care typically provided in a healthcare institution (e.g., hospital or nursing facility). In Rhode Island, Medicaid LTSS covers:</p> <ul style="list-style-type: none"> • Skilled or custodial nursing facility/intermediate care facilities for individuals with intellectual disabilities (ICF-IDD) care, community-based supportive alternatives, therapeutic, rehabilitative, habilitative services, and personal care as well as various home and community-based supports. • Primary care essential benefits for acute care services but Medicaid is the payer of last resort if a person has Medicare or commercial coverage of these services.
No Wrong Door (NWD)	<p>A framework advanced by the Administration for Community Living (ACL) to create a single, statewide system that supports consumers who need or may at some point need LTSS. Specifically, the NWD concept encompasses a set of operating principles that are designed to reorient the workings of an LTSS system of care to give the needs and preferences of individuals and families a greater voice.</p>
Office of Healthy Aging (OHA)	<p>The State agency who coordinates all State activities under the purview of the Older Americans Act and administers funding under Titles III and VII - in addition to National Family Caregiver Support programs. OHA is the designated State Unit on Aging and developed and administered the State Plan on Aging, in compliance with all federal statutory and regulatory requirements.</p>
Paid/Unpaid LTSS	<p>Paid LTSS: HCBS or LTSS health facility services financed out-of-pocket or by Medicare (short term skilled and subacute care) and/or Medicaid LTSS. Includes paid home care, health facility care (NF, ICF/I-DD, long-term hospital), residential care (group homes, assisted living residence shared-living, adult foster care) and day services (adult day, therapeutic day, etc.).</p>

Term	Definition
	<p>Unpaid LTSS: Home-based LTSS typically provided by family caregivers to people who do not qualify for Medicaid (based on income and/or resources), require services in excess of Medicare coverage, and/or do not have severe LTSS needs (less than two ADLs, no serious cognitive impairment).</p>
<p>PCOC Counselor</p>	<p>Any individual who provides PCOC in accordance with the standards outlined in the <i>PCOC Operational Manual</i>.</p>
<p>Person-Centered Options Counseling (PCOC)</p>	<p>An interactive decision-support process whereby consumers, with support from family members, caregivers, and /or significant others, are supported in their deliberations to make informed long-term support choices in the context of the consumer’s preferences, strengths, needs, values, and individual circumstances.</p>
<p>Person-Centered Practices</p>	<p>Practices that focus on the preferences and needs of the individual; empower and support the individual in defining the direction for his or her life; and promote self-determination, community involvement, contribute to society and emotional, physical, and spiritual health.</p>
<p>Surrogate Decision-Maker</p>	<p>A person legally authorized to make decisions on behalf of an individual who has been declared legally incapacitated.</p>
<p>The POINT</p>	<p>Rhode Island’s “The POINT” offers a statewide, multilingual call, and walk-in center for elders, adults with disability, and their caregivers. The POINT staff help people navigate their short and long-term options for healthcare, housing, respite support, food assistance, and more. The POINT links people to in- and out-of network services and assists clients with benefits enrollment. The Ocean State Center for Independent Living offers specialized services for adults with disabilities and the RI Serves network (operated by the Rhode Island Office of Veterans Affairs) offers specialized services for veterans. .</p> <p>Since March 2010, the main, statewide office of The POINT has been hosted and managed by United Way of Rhode Island and co-located with the State's 2-1-1 system. In addition to this main office, there are regional POINT offices throughout the State.</p>

Executive Summary

The Rhode Island No Wrong Door (NWD) System Three Phase Strategic Plan provides a road map to transform the State's long-term services and supports (LTSS) system. Rhode Island's redesigned LTSS system will support consumers and caregivers to make informed decisions about their LTSS options. The primary focus is to increase capacity and use of home- and community-based services (HCBS), while decreasing institutional care utilization across the State. To achieve reform, it is critical to educate individuals and caregivers about LTSS options, to provide opportunity for individuals to be engaged in the decision-making process about options, preferences and values, and to ensure successful transitions to community living for current nursing home residents.

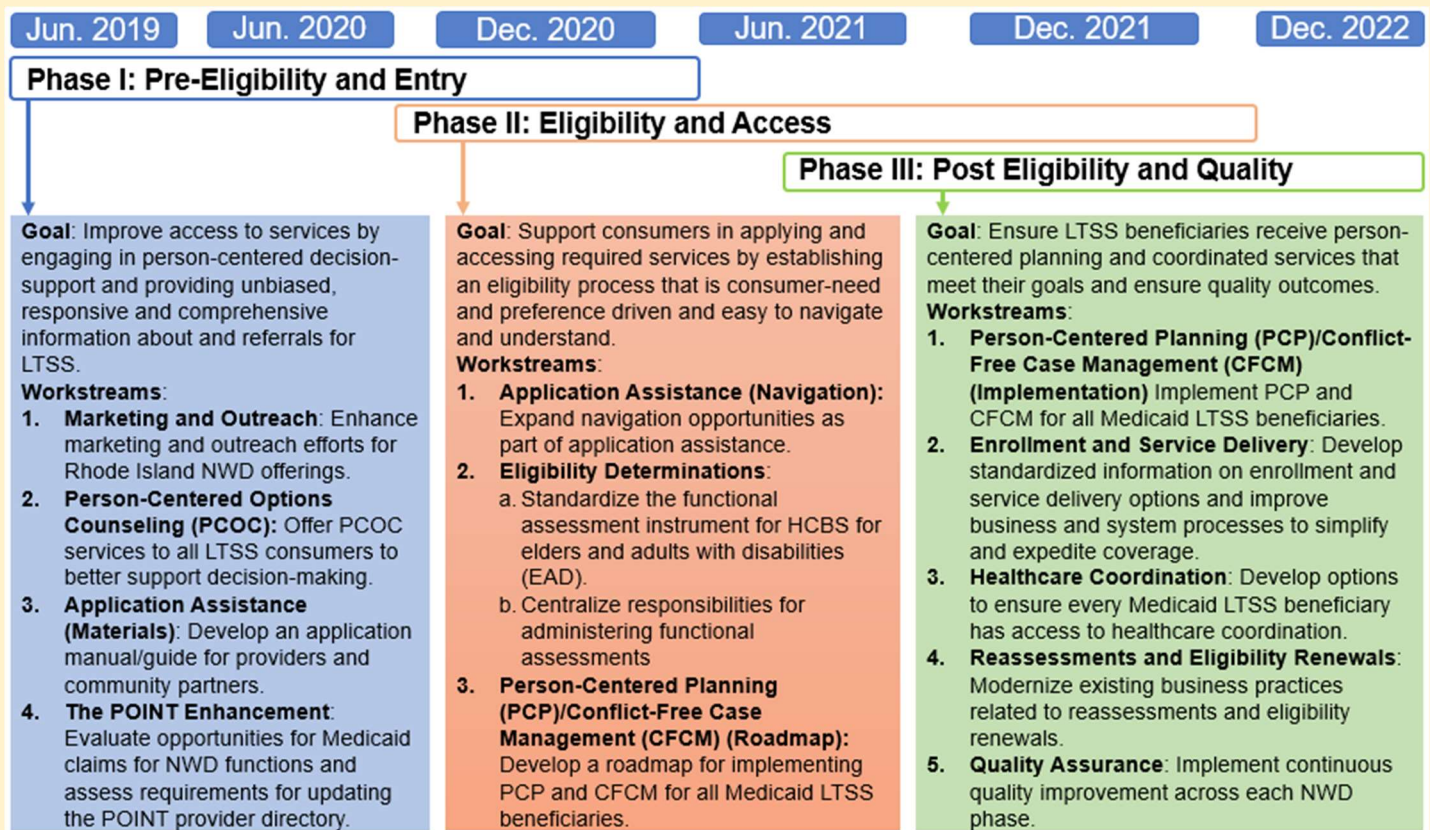
Enhancements to Rhode Island's LTSS system will help the State address the following challenges:

- **Demand for LTSS is Expected to Increase Dramatically:** The number of Rhode Islanders (RI'ers) that may need LTSS is expected to grow by 26%, from approximately 67,200 in 2018 to 84,800 in 2030.² RI'ers will need support in making informed decisions about their LTSS options.
- **LTSS Options are Not-Well-Known:** Access points for available LTSS options are not-well-known by potential service participants and the general public. Consumers have limited access to formalized options counseling resulting in inconsistent communication and referral of LTSS services. In addition, it is unclear where consumers should go for LTSS assistance.
- **Rebalancing is Needed:** In fiscal year 2019, nursing facilities accounted for 63% of the total Medicaid LTSS spend for consumers 65+. As part of Rhode Island's LTSS resiliency and rebalancing vision, EOHHS is targeting a 50/50 balance between long-term care and home- and community-based services.
- **Absence of an Information Technology (IT) Solution:** Rhode Island does not have an integrated IT solution that supports consumer referrals, person-centered options counseling (PCOC), or person-centered planning/case management. Consumers often have to tell their stories multiple times to multiple agencies because consumer information is collected in separate systems or on paper.
- **Divergent Views on Person-Centered Options Counseling.** Participants in the stakeholder sessions differed in their interpretation of what PCOC entails and how it differs from regular options counseling, information and referral (I&R), and 211 services. The divergence of perceived activities and definitions limits effective outcome measurement as the service is provided inconsistently across providers.

At the Governor's direction, the Executive Office of Health and Human Services (EOHHS) created an interagency governing body, known as the LTSS Steering Committee, to guide the development and implementation of LTSS system redesign initiatives. In 2019, the LTSS Steering Committee approved a three phase strategic plan, led by EOHHS, to systematically reform several components of Rhode Island's LTSS system. Rhode Island will improve its LTSS system across three key areas. Each area corresponds to different stages in the LTSS eligibility process.

² American Community Survey, 2013-2018; U.S. Census Bureau, RI Population by Age and Sex, 2016-2018; RI DOA Population Projections by Age Segment 2020-2030; Medicare FFS Post-Acute Care Provider Public Use File, CY 2017.

Figure 1. NWD System Three Phase Strategic Plan



Phase I pre-eligibility reforms are funded through multiple sources. The primary source of funding is a federal award from the Centers for Medicare and Medicaid Services (CMS) to the State in association with the Medicaid Money Follows the Person (MFP) nursing home transition program. CMS approved this funding specifically for Phase I reforms and cannot be used for any other purpose.

To sustain Rhode Island’s NWD System Three Phase Strategic Plan, EOHHS will work with its partnering State agencies to implement a process to obtain additional federal dollars through Medicaid administrative claiming. States are allowed to receive federal funding for certain NWD functions for individuals that are eligible for Medicaid.

Over the next several years, Rhode Island intends to streamline access and transform its LTSS system into a model that is person-centered, coordinated, data informed, easily accessible and highly visible, and committed to quality. This document outlines Rhode Island’s approach and process to developing its Three Phase Strategic Plan and provides details regarding Rhode Island’s planned activities for Phase I. EOHHS anticipates updating this report to provide more information regarding Phase II and Phase III as goals and milestones are confirmed and outcomes from previous phases are known.

BACKGROUND

Defining Long-Term Services and Supports

Long-term services and supports (LTSS) refers to services and supports used by individuals of all ages with functional limitations and chronic illnesses who need assistance to perform routine daily activities such as bathing, getting dressed, preparing meals, and administering medications. LTSS are often best provided in a consumer’s own home and community; however, these types of services are not always easy to identify or access.

There are several populations that may be at risk for or in need of paid LTSS.

- **At-Risk:** Likely to need some LTSS within next two years. Includes paid and unpaid services and all Medicare-Medicaid dually eligible beneficiaries, among others, that are not in-need of LTSS.
- **In-Need:** Requires some LTSS at point of contact.

The characteristics for each of these broad categories are captured in the figure below.

Figure 2. Characteristics of Consumers At Risk For or In Need of Paid LTSS

At Risk for LTSS: May require up to 30 continuous days of HCBS or health facility care.	In Need of LTSS: Received LTSS and expected to have a continuous need
<ul style="list-style-type: none"> <input type="checkbox"/> Between the ages of 15 and 19 and receiving services for a developmental disability; <input type="checkbox"/> An adult 65 or older, or an adult between the ages of 19 and 64 who is living with a disability AND is: <ol style="list-style-type: none"> 1. Dually Medicaid and Medicare eligible; 2. Low income and with limited ability to work (e.g., receiving Supplemental Security Income or SSI lookalike) and over age 44; 3. Diagnosed with a serious and persistent mental illness (SPMI) and not yet eligible for Medicare; or 4. Receiving LTSS preventive services provided by Medicaid or other payer/provider (limited personal care, adult day services, supportive housing, home modification); or 5. Low income, without a bachelor’s degree, experienced a traumatic injury; or <input type="checkbox"/> A women, over age 80, of any means, who lives alone; or <input type="checkbox"/> A person of any age who: <ol style="list-style-type: none"> 1. Is receiving or is determined to have the need for the type of care provided in a licensed health facility for a minimum of 30 days; or 2. Has been diagnosed with a chronic or permanently disabling condition regular assistance with at least one ADL and IADL. 	<ul style="list-style-type: none"> <input type="checkbox"/> Received the level of services typically provided in a health institution for at least thirty (30) consecutive days and is expected to have a continued need for such services or is over 65 and have: <ol style="list-style-type: none"> 1. Obtained acute care services in a hospital or similar health facility for at least thirty (30) consecutive days and is seeking LTSS; 2. Utilized subacute or skill nursing care for thirty (30) consecutive days or more for a chronic or disabling condition; 3. Received Medicaid or other payer preventive level services while residing at home or in a community-based care setting for thirty (30) consecutive days or more and lives alone; 4. Been determined to have needs that require the level of services typically provided in a health care institution for at least thirty (30) consecutive days or would require such services were those in the home and community-based setting not provided; 5. Received or required at least one Medicaid covered LTSS benefit at home or in a community-based setting to address a functional/clinical need that would otherwise necessitate the type of LTSS typically provided in a health institution.

Defining No Wrong Door

No Wrong Door (NWD) is a framework or concept advanced by the Administration for Community Living (ACL) to create a single, statewide system that supports consumers who need or may at some point need LTSS.³ Specifically, the NWD concept encompasses a set of operating principles that are specifically designed to reorient the workings of an LTSS system of care to give the needs and preferences of individuals and families a greater voice.

No Wrong Door Operating Principles:

- The LTSS system should be person rather than provider or payer-centered and incorporate practices that give priority to each person’s unique goals, values, needs, and preferences from the initial point of contact onward.
- LTSS business processes should be standardized, simplified, and streamlined to the full extent feasible to ensure ready access to needed services no matter what the point of entry.
- Eligibility, enrollment, and payment practices for public LTSS programs must be modernized and integrated in ways that make the system easier to navigate and understand.
- LTSS IT systems should be retooled to build “connections and crosswalks where they should, but don’t yet exist” and to promote “program integrity and service quality while preserving [a person’s] dignity and privacy”;⁴ and
- Every LTSS initiative related to access should “bolster [or] create opportunities to listen, counsel, and assist where now the practice is to inform and direct”.⁵

To achieve these goals, the NWD model champions Aging and Disability Resource Centers (ADRCs) as centralized entities that provide streamlined consumer access to individuals and families trying to learn about and access LTSS. ADRCs and the broader NWD system ultimately work to:

- Raise visibility about the full range of available options;
- Provide objective information, advice, counseling, and assistance to people with all levels of income;
- Empower people to make informed decisions about their LTSS options through PCOC; and
- Help people access public and private programs.

What is NWD?

Concept: NWD encompasses the universe of pre-eligibility, eligibility, and post-eligibility functions and interactions with RI’ers who are at-risk for or in-need of LTSS and without regard to payer, provider, or personal circumstance.

Strategic Plan of Action: Phased-in plan that uses the core consumer-centered principles of NWD to strengthen Rhode Island LTSS by modernizing functions and improving access, quality, and accountability system-wide.

³ Administration for Community Living (ACL), *Key Elements of a NWD System of Access to LTSS for All Populations and Payers*, available at: <https://nwd.acl.gov/pdf/NWD-National-Elements.pdf>

⁴ Christina Neill Bowen and Wendy Fox-Grage, “*Promising Practices No Wrong Door: Person- and Family-Centered Practices in Long-Term Services and Supports*,” available at: http://www.longtermscorecard.org/~media/Microsite/Files/2017/AARP_PromisingPrac_NoWrongDoor.pdf (p.2)

⁵ Carol V. O’Shaughnessy, “*Aging and Disability Resource Centers (ADRCs): Federal and State Efforts to Guide Consumers Through the Long-term Services and Supports Maze*,” available at: http://www.nhpf.org/library/background-papers/BP81_ADRCs_11-19-10.pdf (p.4)

These NWD principles not only have intrinsic value, but they also reflect goals that have long been the hallmark of LTSS reform initiatives in Rhode Island.⁶ The factors that affected the State's past efforts to fully realize LTSS reform goals are instructive, along with guidance on NWD implementation successes developed by the ACL.

LTSS in Rhode Island

In Rhode Island, residents can access publicly funded LTSS through several programs designed to support people who have disabilities or chronic care needs to optimize their health and retain their independence. There are four main state agencies that administer LTSS in Rhode Island:

- **Executive Office of Health and Human Services (EOHHS):** Designated as the Medicaid Single State Agency and administers HCBS programs (PACE, Habilitation, etc.), the Katie Beckett program, and LTSS managed care arrangements.
- **Department of Human Services (DHS):** Provides application assistance and conducts Medicaid LTSS eligibility determinations and renewals.
- **Office of Healthy Aging (OHA):** Responsible for the development of community-based services and programs that encourage independence and preserve the dignity of seniors and adults with disabilities. OHA is Rhode Island's designated State Unit on Aging.
- **Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH):** Administers State programs for adults with intellectual and developmental disabilities as well mental illness and substance abuse education, prevention, and treatment.

Rhode Island's LTSS Resiliency and Rebalancing Vision

Rhode Island invests more than \$297M annually to provide long-term care to approximately 11,000 beneficiaries over the age of 65. Currently, 80% of those services are provided through high-cost nursing facilities. The State's vision for the LTSS system is to foster a more balanced, sustainable, and responsive continuum of LTSS that delivers the right support, at the right time, and at the right cost, while promoting choice, community, and quality of life for Rhode Island elders and individuals with disabilities.

Rhode Island's LTSS Resiliency and Rebalancing vision is built upon the following principles:

- **Access:** Rhode Island's system promotes choice, options, information, and workforce capacity.
- **Choice:** Rhode Island's system ensures that services are person-centered and conflict-free.
- **Sustainability:** Rhode Island's system controls costs by shifting investments toward HCBS.
- **Quality:** Rhode Island's system is committed to improving consumer experience and quality of life.
- **Accountability:** Rhode Island's system utilizes data-driven management and clear governance to improve internal operations and drive continuous improvement.

LTSS Consumer Profile in Rhode Island

EOHHS analyzed demographic and other characteristics of LTSS consumers in Rhode Island to better support EOHHS's NWD design and strategy. EOHHS relied on the following datasets as part of its analysis:

- **American Community Survey (ACS)** – EOHHS relied on the ACS to develop a profile of an individual that receives LTSS or may be in need of LTSS. ACS is an annual survey produced

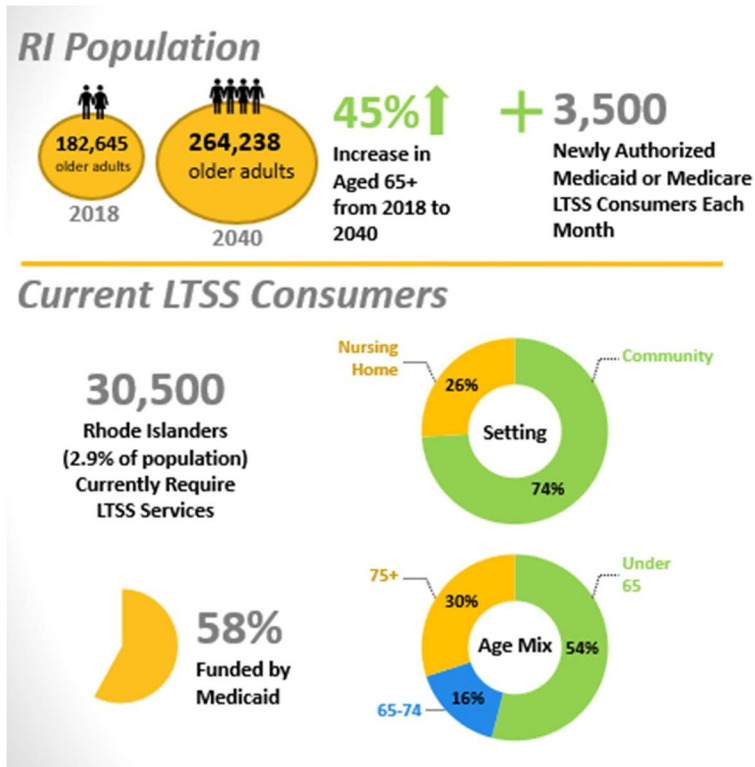
⁶ See the following State laws for example: R.I.G.L. §§40-8.9, 40-8.10, 42-7.2, 42-66-4 and, going all the way back to 1997, §40-20-1

by the United States Census Bureau that provides economic, social, demographic, and other characteristics of people living in the United States.

- **Medicaid Specific Data** – EOHHS analyzed data from claims (Medicaid Management Information System (MMIS)) and eligibility (RI Bridges) to provide an in-depth summary of consumers that currently receive Medicaid LTSS.

The figure below presents key findings from EOHHS’s analysis of LTSS consumers.

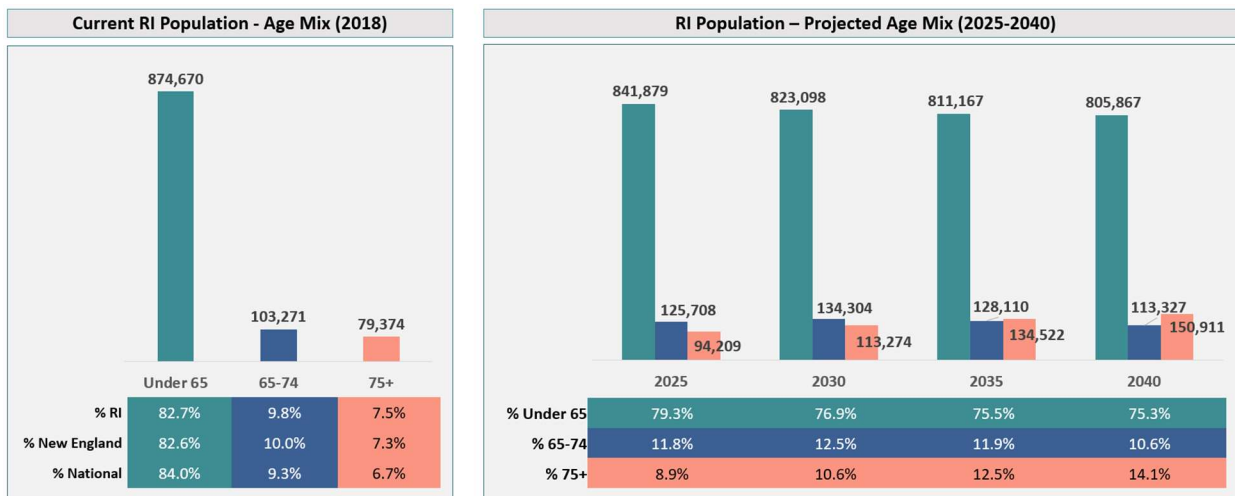
Figure 3. Snapshot of LTSS Consumers in Rhode Island



Growth of Rhode Island Older Population

Age is a key indicator of LTSS need. As of 2018, approximately 17% of Rhode Island’s population was over the age of 65. By 2040, there will be a 45% increase in aged 65 and over. In sheer numbers this will mean approximately 80,000 more persons in Rhode Island aged 65 and over.

Figure 4. Current Population in RI by Age (2018)



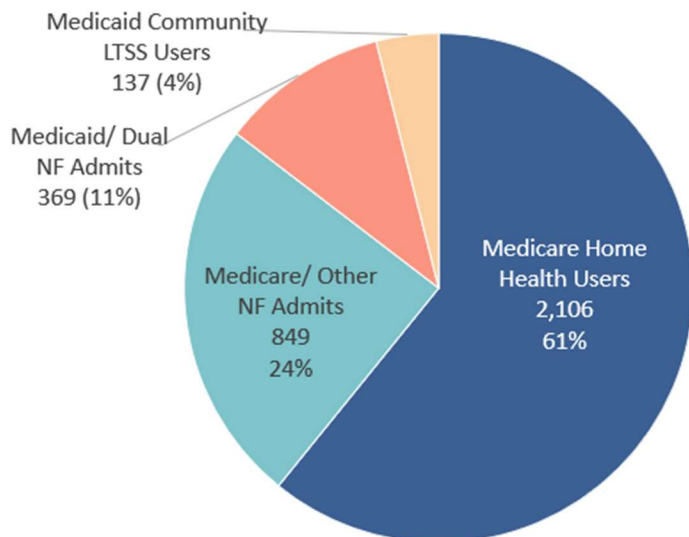
Source: American Community Survey 2018

Source: RI DOA Population Projections by Age Segment 2020-2040

New Monthly LTSS Beneficiaries

On a monthly basis, there are approximately 3,500 new beneficiaries (42,000 annually) that begin to receive LTSS-related services paid for by Medicare or Medicaid. Approximately 85% of new LTSS beneficiaries are Medicare beneficiaries and 15% receive LTSS via Medicaid. Since these beneficiaries are new to LTSS, some may require PCOC prior to receiving LTSS.

Figure 5. New Monthly LTSS Beneficiaries



General Profile of LTSS Consumers (Private + Public Pay)

To analyze the general LTSS consumer, EOHHS used data from ACS and defined the LTSS consumer as any individual that has “self-care difficulty: having difficulty bathing or dressing”. Figure 6 below provides an overview of key demographic features of LTSS consumers in Rhode Island. As illustrated, RI’ers in need of LTSS services are about equally split under and over age 65 (54% under 65). Approximately one quarter (26%) of all LTSS consumers receive services in a nursing home and the remaining (74%) live in the community. Approximately 58% of all LTSS consumers are on Medicaid.

Figure 6. General Profile of LTSS Consumers in Rhode Island (2018)

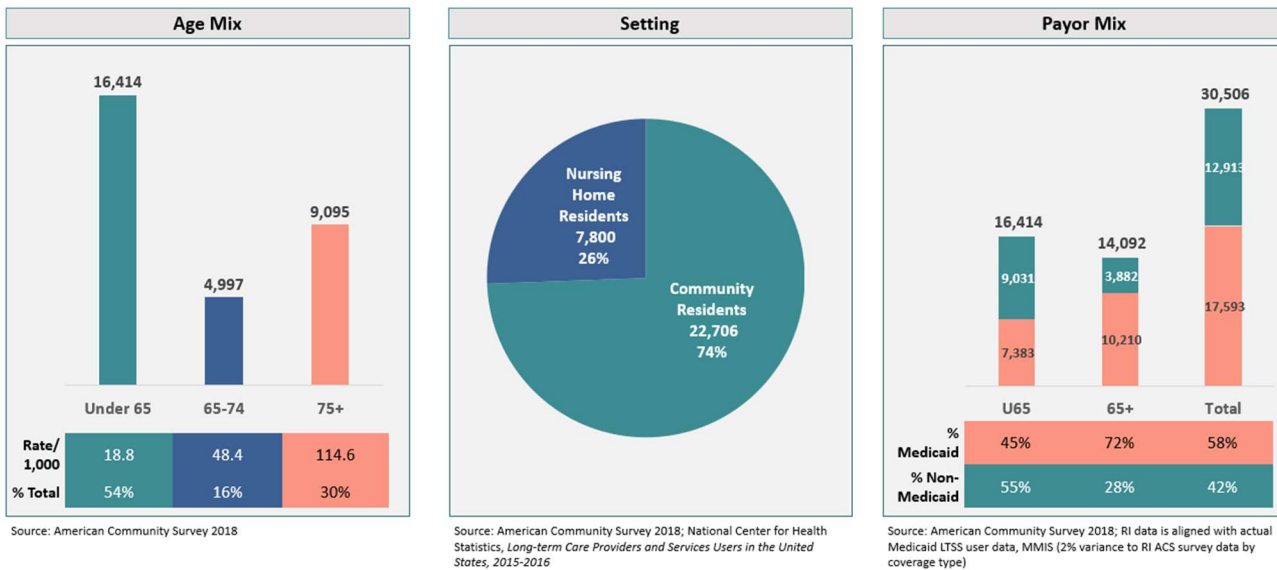


Figure 7 below displays additional characteristics of Rhode Island’s LTSS consumers by age categories, including disability status and average income level. The vast majority of RI’ers who need LTSS have a physical disability. About two-thirds of those under 65 and just over half of those over 65 also have a cognitive disability, including memory loss, dementia, and traumatic brain injury.

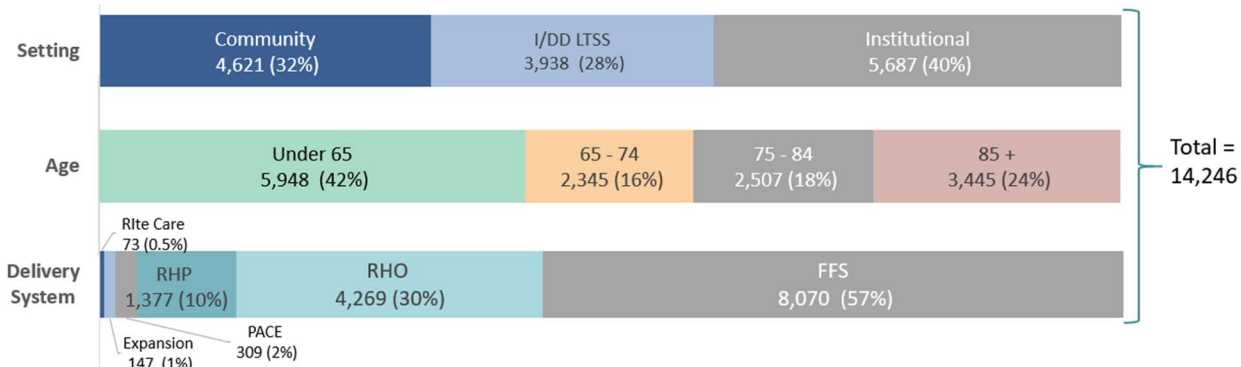
Figure 7. Additional Characteristics of LTSS Consumers in Rhode Island (2018)

Characteristics	U65		Characteristics	65+	
	#	%		#	%
Disability			Disability		
Physical	12,051	73%	Physical	12,839	91%
Cognitive	10,700	65%	Cognitive	7,516	53%
Hearing	1,247	8%	Hearing	3,570	25%
Sight	1,558	9%	Sight	2,568	18%
Family			Family		
Married	3,117	19%	Married	3,382	24%
Widowed/Divorced*	2,805	17%	Widowed/Divorced*	7,892	56%
Never Married	10,492	64%	Never Married	2,818	20%
Age			Age		
U18	1,591	10%	65-74	4,997	35%
18-34	2,966	18%	75+	9,095	65%
35-64	11,857	72%			
Income			Income		
Avg Income	\$35,838		Avg Income	\$24,063	
Gender			Gender		
Female	8,726	53%	Female	8,142	58%
Male	7,688	47%	Male	5,950	42%
* Includes separated			* Includes separated		
16,400 (1.9% of U65 RI’ers)			14,100 (7.7% of 65+ RI’ers)		

General Profile of Medicaid LTSS Beneficiaries

To analyze Medicaid LTSS beneficiaries, EOHHS relied on Rhode Island specific data from MMIS and RI Bridges. From June 2018 – December 2019, there were approximately 14,000 Medicaid LTSS beneficiaries in Rhode Island. The vast majority of these beneficiaries receive care via fee-for-service (57%) and are over the age of 65 (58%). Figure 8 below illustrates key demographic characteristics of Rhode Island’s Medicaid LTSS beneficiaries, including setting and age.

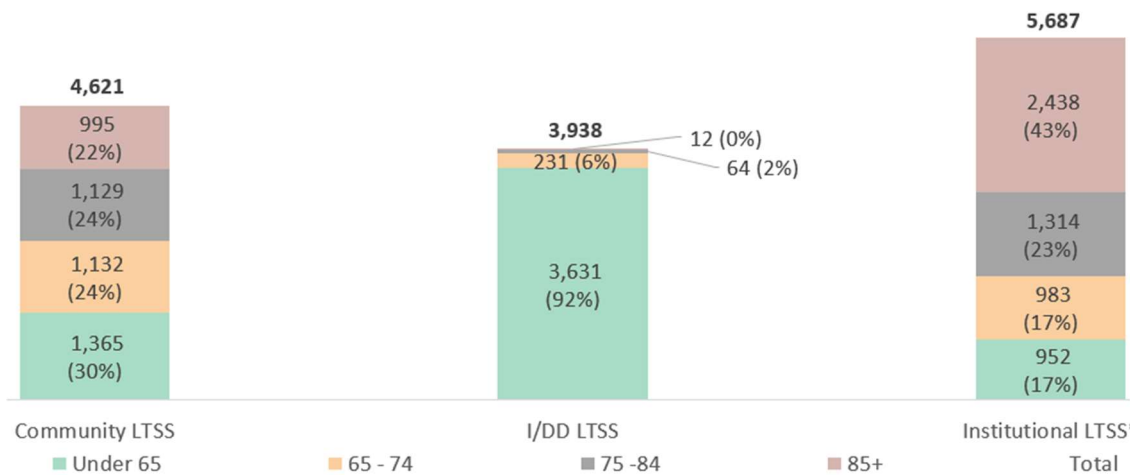
Figure 8. Medicaid LTSS Average Beneficiaries by Setting, Age, and Delivery (2018/2019)



Rhody Health Partners (RHP) is a managed care organization (MCO) option for Medicaid-eligible adults with disabilities and Rhody Health Options (RHO) is an MCO option for those that are dual-eligible for Medicaid and Medicare.

As illustrated in Figure 9, Medicaid LTSS beneficiaries receiving services in the community are fairly evenly distributed by age although LTSS beneficiaries in licensed health institutions like nursing facilities skew older, with the majority (43%) being over 85 years old. On the other hand, the majority of LTSS beneficiaries with intellectual and developmental disabilities (I/DD) (92%) are under 65.

Figure 9. Medicaid LTSS Average Beneficiaries by Setting and Age (2018/2019)



DEVELOPMENT AND FRAMEWORK OF RHODE ISLAND'S NWD SYSTEM THREE PHASE STRATEGIC PLAN

Introduction

In May 2018, Governor Gina M. Raimondo announced a multi-phased effort to transform how Rhode Island delivers LTSS to older RI'ers and those with disabilities. The goal: *ensure people have an opportunity to live an inspired life, of their choosing, and receive the right support, at the right time.*

This initiative was informed by earlier action plans and research, including the *Reinventing Medicaid, Long-Term Services and Supports Evaluation of Rebalancing Strategies*, and *Aging in Community reports*. And through it, the Governor directed EOHHS to create an interagency governing body, known as the LTSS Steering Committee, to guide the development and implementation of LTSS system redesign initiatives.

Over the Summer of 2018, EOHHS engaged with more than 500 RI'ers to understand their experiences and to identify opportunities for improvements in Rhode Island's approach to LTSS. As a result of these sessions, EOHHS created the LTSS Steering Committee to redesign several components of Rhode Island's LTSS system.

In 2019, the LTSS Steering Committee approved a three phase strategic plan, led by EOHHS, to systematically reform several components of Rhode Island's LTSS system.

Figure 10. Development and Framework for the NWD System Three Phase Strategic Plan



Stakeholder Engagement

Over the Summer of 2018, EOHHS engaged with more than 500 RI'ers to understand their experiences and to identify opportunities for improvements in Rhode Island's approach to LTSS.⁷ EOHHS heard from consumers, healthcare workers, service providers, and community advocates. EOHHS conducted the following activities as part of its stakeholder engagement efforts:

- **Listening Sessions:** EOHHS convened 14 listening sessions with consumers, caregivers, administrators, and frontline staff. EOHHS visited senior centers, nursing homes, assisted-living facilities, adult day programs, advocacy organizations, affordable housing manors, the Rhode Island Veterans Home, and more.

⁷ EOHHS, *Inspired Living in Rhode Island*, available at: <http://www.eohhs.ri.gov/Portals/0/Uploads/Documents/InspiredLiving.pdf>

- **Consumer Survey:** EOHHS partnered with Meals on Wheels to conduct a survey of its customers. Over 200 people participated, providing valuable insight into their experiences and confirming what was heard during the listening sessions.
- **Workforce Policy Think Tank:** EOHHS created a Workforce Policy Think Tank comprised of business, community, academia, and government leaders. Over three sessions, the group tackled topics ranging from roles and responsibilities to recruitment and retention and reviewed innovative workforce initiatives across the country.

While not an exhaustive listing, EOHHS identified the following key themes from stakeholders:

Figure 11. Key Themes from Stakeholders

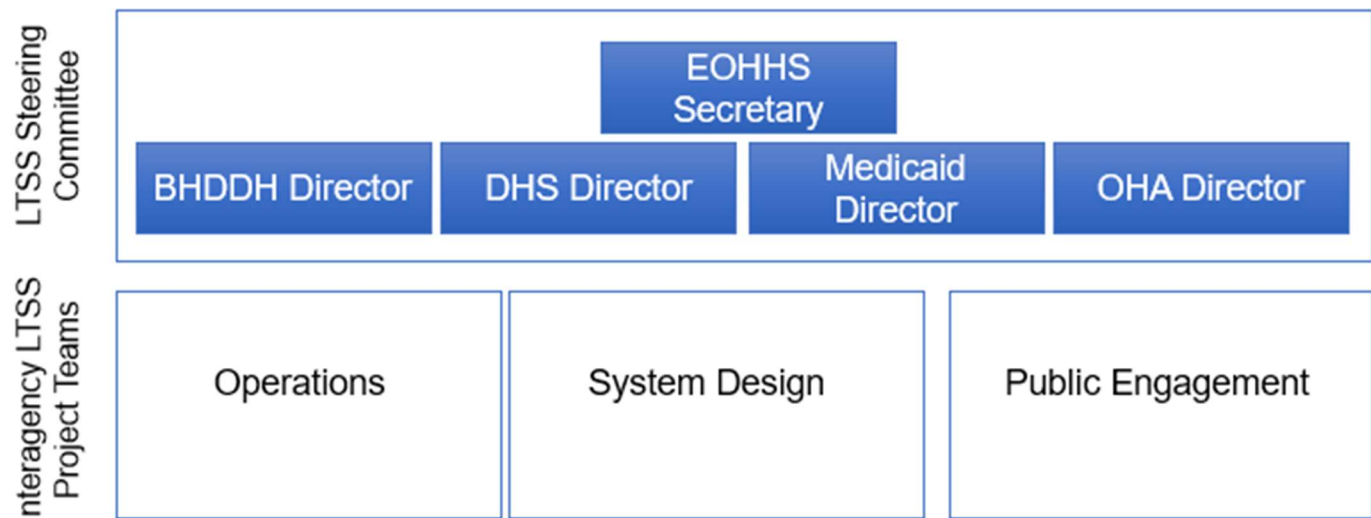
Category	Key Themes
Quality of Life	<ol style="list-style-type: none"> 1. Limited mobility or not having access to help can lead to feelings of isolation. Participants discussed the importance of socialization to good health and expanding the opportunities available for people to be active. 2. Having access to assistive devices is critical for people experiencing hearing, voice, speech, sight, or language barriers. Participants shared that it can be challenging to access these needed supports given the expense and not all devices being covered by insurance. 3. Access to healthy (i.e., medically appropriate) food is a significant concern. The majority of older RI'er participants (outside of those living in nursing homes or assisted living facilities) met the definition of food insecure—relying on congregate meal sites or programs like Meals on Wheels for all or part of their daily food. 4. Disability providers and consumers acknowledged the progress Rhode Island has made to increase employment opportunities but also shared a desire for the State to do more to encourage local businesses to hire people with disabilities. 5. Participants also raised lack of housing, negative immigration policies, and high healthcare expenses (i.e., prescription drugs) as negatively impacting quality of life.
Getting Information and Assistance	<ol style="list-style-type: none"> 6. People expressed wanting to know about current programs and where to turn for guidance during an emergency – but also before one happens. 7. Consumers desire a system that: <ul style="list-style-type: none"> • Is easy to access through a phone call. People want someone who they can consistently reach when they need assistance. • Includes a central repository of information that can be easily accessed by caregivers, consumers, and/or professionals in the field. • Better coordinates care and connects service providers in a more meaningful way. • Provides support for families and caregivers, such as respite care. • Promotes continuity of care and guards against disruption in service. • Considers the whole person and addresses people's unique needs.
Improving Transportation	<ol style="list-style-type: none"> 8. Rhode Island needs transit services that are reliable, affordable, and mobility appropriate.

Category	Key Themes
	9. For those living in senior housing or other facilities, shuttle services may be available for special outings; however, a fee may apply, which places a financial burden on some seniors.
Strengthening the Workforce	<p>10. Rhode Island lacks sufficient direct-care workers. Stakeholders identified the following opportunities to improve direct-care worker shortages:</p> <ul style="list-style-type: none"> • Increase staff wages and increase provider reimbursement rates • Address barriers to entry – e.g., training, testing, fees • Increase the diversity of the workforce • Enhance career ladders and incentives • Strengthen the specialized workforce – e.g., behavioral healthcare and dementia • Address the stigma associated with direct-care work

LTSS Steering Committee

As a result of stakeholder findings, the Governor directed the Secretary of EOHHS to establish an interagency governing body, known as the “LTSS Steering Committee”, to serve as the unified authority structure to guide the development and implementation of LTSS redesign initiatives including NWD reforms. The LTSS Steering Committee is composed of the leadership of the agencies under the umbrella of EOHHS that administer public and private LTSS in Rhode Island: DHS, BHDDH, OHA, and Medicaid.⁸ As indicated in Figure 12, EOHHS established three interagency teams to develop proposals and options for the Committee’s review.

Figure 12. LTSS Steering Committee Governance Structure



Steering committee representatives share the following common goals:

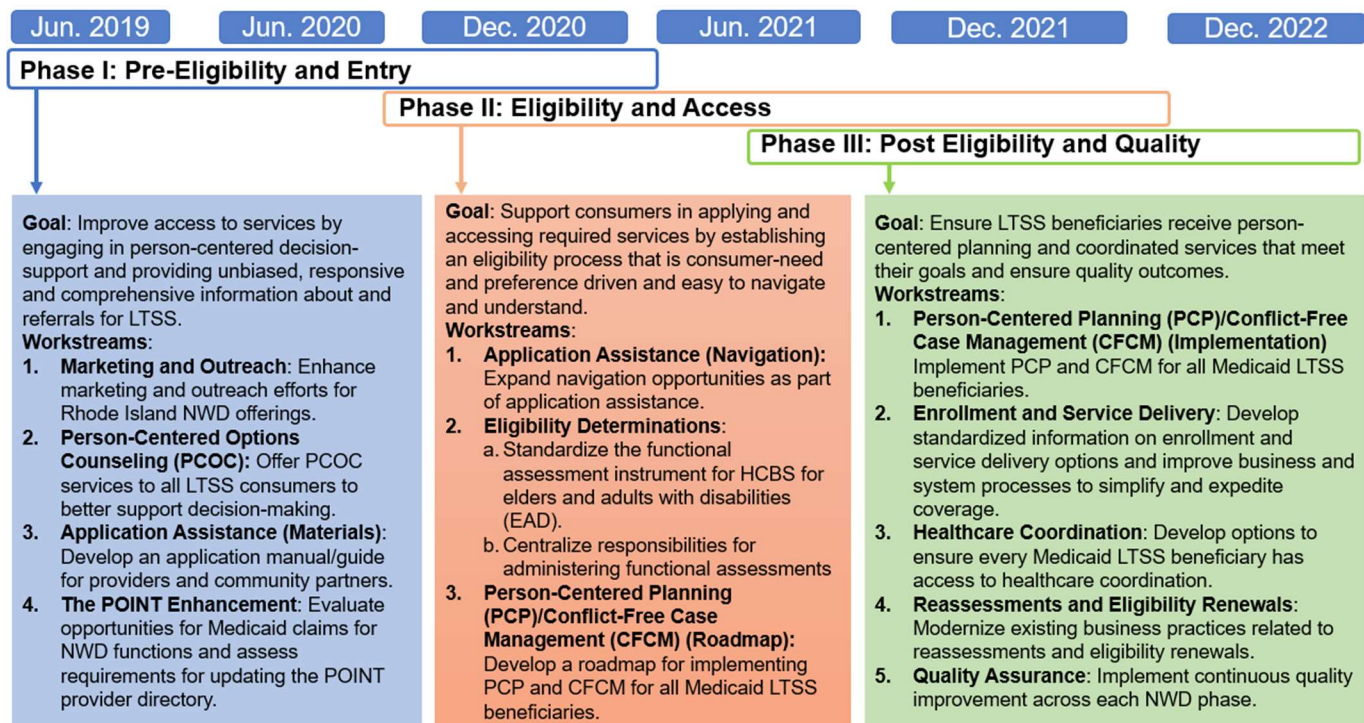
⁸ As the redesign effort is on-going, the leadership of other State agencies that play a role in the LTSS system of care will be engaged in this governing body to address cross-cutting redesign issues, including the directors of the Department of Health (DOH), Department of Corrections (DOC), Department of Education, the Office of Veterans Affairs, among others

- Implement NWD person-centered principles in LTSS businesses processes from the point of entry into the system onward;
- Expand access to and the availability of high quality, conflict free PCOC, care planning, and case management;
- Improve LTSS system navigation by streamlining eligibility requirements, aligning LTSS policies and practices, building connections and cross-walks between agencies and systems, and modernizing archaic processes;
- Continuously engage consumers to better respond to changes in LTSS demand, the supply of resources, and service preferences and quality.

NWD System Three Phase Strategic Plan

In 2019, the LTSS Steering Committee approved a three phase strategic plan, led by EOHHS, to systematically reform several components of Rhode Island’s LTSS system. Rhode Island’s three phase strategic plan leveraged findings and insights from stakeholder engagement activities in 2018. Figure 13 provides a high-level summary of Rhode Island’s three phase strategic plan.

Figure 13. NWD System Three Phase Strategic Plan



Financial Sustainability

To support Rhode Island’s NWD system, EOHHS will look to identify diverse sources of funding which may include:

- **Medicaid Administrative Claiming:** CMS allows states to receive Medicaid administrative Federal Financial Participation (FFP) for NWD system functions. The state and its partners must develop a valid administrative claiming methodology that identifies eligible and non-eligible activities and includes procedures to identify, allocate, document, and report the costs of all of those activities. Expenditures must be for allowable activities and must be allocable to the Medicaid program. Specifically, only those costs for activities directly related to the

administration of the state's Medicaid program are allowable. Additionally, those costs need to be allocated among benefitting cost objectives so that Medicaid will pay the share of those costs associated with Medicaid beneficiaries, services, or providers. However, Medicaid "administrative claiming" includes options for states to claim federal funding to finance supports related to outreach and eligibility for Medicaid eligible individuals as well as potentially eligible individuals.

- **State Funds:** EOHHS will collect and analyze NWD data to justify future State investment in the program. EOHHS will collect several performance measures related to PCOC to demonstrate cost savings including:
 - The degree to which a consumer's action plan identifies diverse sources of funding and supports. Presumably, by helping people use other available supports, the plans can reduce the likelihood that individuals will need to rely solely on Medicaid.
 - Whether the individual believes this counseling helped prevent or delay entry into a more costly and higher need setting (e.g., nursing facility).
 - Whether the consumer transitioned to a less costly and consumer-preferred setting.

