

Long Term Care Service and Finance Performance Report

April 1, 2019

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 R.I. Executive Office of Health and Human Services’ website for public view.

(a)(1) The number of Medicaid-eligible persons 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
Unique eligible people served in a nursing facility for a custodial stay at any point in the year	Medicaid eligible persons 65+	6,183	6,109	5,779	5,693	5,558
	Adults with Disabilities, Ages 18-64	881	974	1,006	1,041	1,059

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
	Medicaid eligible persons transferred from nursing home	155	106	98	84	97

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 in Medicaid and Division of Elderly Affairs (DEA) home and community care, to include home care, adult day services, assisted living, the Personal Choice 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
Medicaid eligible persons 65+ and those served by DEA	Home Care	3,811	3,879	3,922	3,717	3,762
	Adult Day Services	590	775	775	681	699
	Assisted Living	570	593	614	522	462
	Personal Choice Program	351	285	302	280	266
	Program for All Inclusive Care of the Elderly (PACE)	266	271	276	276	289
	EOHHS Shared Living	73	55	76	86	103
	Other Non Institutional	375	376	378	397	422
Adults with Disabilities ages 18-64	Home Care	1,378	1,401	1,407	1,189	1,058
	Adult Day Services	536	614	605	544	509
	Assisted Living	132	142	143	117	106
	Personal Choice Program	198	158	164	144	152
	Program for All Inclusive Care of the Elderly (PACE)	60	62	49	56	46
	EOHHS Shared Living	27	33	44	43	58
	Other Non Institutional	3,288	3,349	3,406	3,394	3,469
Total	Home Care	5,189	5,280	5,329	4,906	4,820
	Adult Day Services	1,126	1,389	1,380	1,225	1,208
	Assisted Living	702	735	757	639	568
	Personal Choice Program	549	443	466	424	418
	PACE	326	333	325	332	335
	EOHHS Shared Living	100	88	120	129	161
	Other Non Institutional	3,663	3,725	3,784	3,791	3,891

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.

Definitions:

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

Intellectually and 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).

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, DEA Community Services, Preventative Services, DEA Co-Pay, Habilitation Community Services, Habilitation Group Homes
Adult Day Services	Adult Day, DD Adult Day, No Waiver Adult Day
Assisted Living	DEA 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

(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) [total dollars excluding interim payments]		2014	2015	2016	2017	2018
Nursing Facilities (Custodial)	Total Dollars: Age 65+	\$246,789,800	\$249,957,106	\$235,812,739	\$236,613,370	\$237,182,620
	Total Dollars: Age 18-64	\$29,327,157	\$32,441,542	\$32,881,234	\$32,949,199	\$33,229,535
	Total Dollars: All Ages	\$276,116,957	\$282,398,648	\$268,693,973	\$269,562,569	\$270,412,155
	Percent of LTSS Spending: Age 65+	72%	72%	71%	72%	71%
	Percent of LTSS Spending: Ages 18-64	12%	13%	13%	13%	12%
	Percent of LTSS Spending: All Ages	47%	47%	45%	45%	45%
Nursing Facilities (Custodial)	Average cost of care: 65+	\$59,344	\$60,822	\$60,190	\$63,001	\$64,647
	Average cost of care: 18-64	\$64,285	\$64,902	\$65,114	\$67,021	\$67,437
Home and Community Based Services (HCBS), except for those with Intellectual and Developmental Disabilities	Total dollars: Age 65+	\$63,879,269	\$63,461,159	\$62,428,274	\$57,805,875	\$55,881,464
	Total Dollars: Age 18-64	\$31,086,643	\$28,443,876	\$26,719,588	\$23,788,635	\$22,226,143
	Total Dollars: All Ages	\$94,965,912	\$91,905,035	\$89,147,862	\$81,594,510	\$78,107,607
	Percent of LTSS Spending: Age 65+	19%	18%	19%	17%	17%
	Percent of LTSS Spending: Ages 18-64	13%	11%	10%	9%	8%
	Percent of LTSS Spending: All Ages	16%	15%	15%	14%	13%
Home and Community Based Services (HCBS), except for those with Intellectual and Developmental Disabilities	Average cost of care: 65+	\$15,993	\$15,487	\$14,954	\$14,690	\$14,464
	Average cost of care: 18-64	\$19,953	\$16,576	\$15,495	\$15,955	\$16,069
HCBS for Adults with Intellectual and Developmental Disabilities	Total dollars: Age 65+	\$31,255,520	\$33,616,762	\$33,849,579	\$36,433,831	\$39,375,091
	Total Dollars: Age 18-64	\$187,341,674	\$194,701,200	\$199,577,591	\$205,883,118	\$213,217,066
	Total Dollars: All Ages	\$218,597,194	\$228,317,962	\$233,427,170	\$242,316,949	\$252,592,157
	Percent of LTSS Spending: Age 65+	9%	10%	10%	11%	12%
	Percent of LTSS Spending: Ages 18-64	76%	76%	77%	78%	79%
	Percent of LTSS Spending: All Ages	37%	38%	39%	41%	42%
HCBS for Adults with Intellectual and Developmental Disabilities	Average cost of care: 65+	\$92,469	\$96,704	\$98,064	\$101,144	\$103,224
	Average cost of care: 18-64	\$61,387	\$61,552	\$62,138	\$63,533	\$66,014
Total	Total dollars: Age 65+	\$341,924,589	\$347,035,027	\$332,090,592	\$330,853,076	\$332,439,175
	Total Dollars: Age 18-64	\$247,755,474	\$255,586,618	\$259,178,413	\$262,620,952	\$268,672,744
	Total Dollars: All Ages	\$589,680,063	\$602,621,645	\$591,269,005	\$593,474,028	\$601,111,919
	Average cost of care: 65+	\$40,286	\$40,580	\$39,370	\$41,097	\$42,011
	Average cost of care: 18-64	\$49,101	\$47,807	\$48,032	\$50,842	\$53,073

Note: The data in this chart is based on actual spending on an incurred basis. There have not been any adjustments for missing data, including the lag between services being rendered and claims payment. EOHHS has not included rehabilitative stays or hospice in our definition of institutional care.

This chart does not include approximately \$70.6M of interim payments for custodial nursing 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 and Developmental Disabilities: HCBS services (full list in definition booklet) provided to Medicaid LTSS-eligible clients and those eligible for HCBS services through DEA. Note that personal choice spending may be understated due to some claims outstanding from the managed care organization.

HCBS for Adults with Intellectual and 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 payments)

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 eligibles* in a given year.

**Average eligibles:* Total months of Medicaid and LTSS eligibility, divided by 12

(a)(5) 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 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 community-based alternatives.

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 FY19 was \$2,958,020 GR / \$6,200,000 AF. These savings were not ultimately appropriated in the enacted FY19 budget, however other investments were included in the FY19 budget to fund home care and hospice rate increases.

(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.

EOHHS and its umbrella agencies – DHS, BHDDH and DEA – 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 promoting choice, community and opportunity for older Rhode Islanders and those with disabilities. To that end, the State continues to focus on better coordinating services, maximizing resources, and promoting person-centered planning, conflict-free case management, robust options counseling, expanded home- and community programs, and stable nursing home capacity.

In 2018, the State launched an interagency effort to better coordinate and strengthen how Rhode Island delivers information/referral, options counseling, and assessment and eligibility services. Through increased awareness of available programs and services, the State anticipates higher utilization of home- and community-based services and supports – and less over-reliance on institutional care.

As Rhode Island has one of the fastest aging populations, this effort must be complemented by continued investments in the HCBS workforce and service array, as well as the continued strengthening of institutional care options to meet Rhode Islander's evolving needs, including for institutional dementia and behavioral health care.

The Governor's FY2020 Budget proposes key investments to support this work, including expanding DEA's Home & Community Care Co-Pay program, increasing wages for direct support professionals, investing in the Independent Provider model, and implementing cost of living adjustment (COLA) increases for nursing facilities and home care providers.

Expansion of DEA's Home & Community Care Co-Pay Program helps more older Rhode Islanders afford at-home care. Under the Governor's proposal, homebound elders, who are not Medicaid-eligible

and have incomes up to 250 percent of the Federal Poverty Level, would be eligible for the Co-Pay program – helping to avoid more costly institutional care and stall, if not avoid, full Medicaid eligibility. This initiative complements the State’s broader efforts to reduce Medicaid costs and the state’s over-reliance on institutional settings.

Knowing that a strong relationship between staff and consumer can make all the difference in a person’s health, quality of life and ability to remain in their communities, the proposed direct service wage increase is proposed to strengthen Rhode Island’s private provider system for individuals with intellectual and developmental disabilities. This wage increase is necessary to attract and maintain a qualified workforce, improving the State’s ability to remain competitive with neighboring states and ensuring that individuals with disabilities are able to receive the care they need in their communities. Similarly, fully funding the home care provider COLA increase is proposed to support and maintain a competitive and responsive home care workforce in Rhode Island.

The Independent Provider program will offer people an additional option for at-home care and help address current shortages in the available home- and community-based services workforce.

The proposed one percent COLA increase for nursing facilities is recommended as a responsible investment in needed institutional care. Through this proposed investment, grant-funded investments in workforce training and programming, and further partnership with nursing facilities, the State hopes to strengthen the capacity of nursing facilities to meet the ongoing and anticipated needs of Rhode Islanders.