

## Long Term Care Service and Finance Performance Report

April 2020

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 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	% Change FY18 to FY19
<b>Unique eligible people at any point in the year;</b> note some people may receive both nursing home and HCBS	Medicaid eligible persons 65+	11,668	11,736	11,434	11,206	11,233	11,225	0%
	<i>Intellectual and Developmental Disabilities, 65+</i>	378	379	370	393	417	425	2%
	Adults with Disabilities, Ages 18-64	7,116	7,172	7,190	6,758	6,811	6,991	3%
	<i>Intellectual and Developmental Disabilities, 18-64</i>	3,320	3,378	3,371	3,377	3,458	3,505	1%
<i>Those served in custodial nursing facilities</i>	Medicaid eligible persons 65+	6,432	6,340	6,033	6,020	5,965	5,762	-3%
	Adults with Disabilities, Ages 18-64	894	992	1,026	1,076	1,111	1,123	1%

### 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	% Change FY18 to FY19
	Medicaid eligible persons transferred from nursing home	155	106	98	84	97	93	-4%

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 Health 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	% Change FY18 to FY19
Medicaid eligible persons 65+ and those served by OHA	Home Care	3,892	3,927	3,981	3,775	3,770	3,752	0%
	Adult Day Services	595	783	803	676	682	735	8%
	Assisted Living	609	626	593	529	535	597	12%
	Personal Choice Program	351	285	278	275	274	305	11%
	Program for All Inclusive Care of the Elderly (PACE)	273	275	279	280	292	320	10%
	EOHHS Shared Living	73	55	73	83	105	129	23%
	Other Non Institutional (I/DD services, BH + DD Group Hc	429	429	424	431	456	469	3%
Adults with Disabilities ages 18-64	Home Care	1,447	1,420	1,449	1,233	1,111	1,071	-4%
	Adult Day Services	539	621	643	545	510	498	-2%
	Assisted Living	133	143	149	154	178	176	-1%
	Personal Choice Program	200	158	144	145	157	175	11%
	Program for All Inclusive Care of the Elderly (PACE)	60	61	49	56	46	55	20%
	EOHHS Shared Living	27	33	45	48	64	95	48%
	Other Non Institutional (I/DD services, BH + DD Group Hc	4,095	4,019	3,988	3,698	3,797	3,955	4%
Total	Home Care	5,339	5,347	5,430	5,008	4,881	4,823	-1%
	Adult Day Services	1,134	1,404	1,446	1,221	1,192	1,233	3%
	Assisted Living	742	769	742	683	713	773	8%
	Personal Choice Program	551	443	422	420	431	480	11%
	PACE	333	336	328	336	338	375	11%
	EOHHS Shared Living	100	88	118	131	169	224	33%
	Other Non Institutional (I/DD services, BH + DD Group Hc	4,524	4,448	4,412	4,129	4,253	4,424	4%

**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, @Home Cost Share, 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) year 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	% Change FY18 to FY19
Nursing Facilities (Custodial)	Total Dollars: Age 65+	\$246,789,800	\$250,004,338	\$236,199,465	\$240,622,228	\$244,129,022	\$232,342,181	-5%
	Total Dollars: Age 18-64	\$29,327,157	\$32,393,610	\$32,902,879	\$33,335,644	\$34,386,635	\$34,116,017	-1%
	Total Dollars: All Ages	\$276,116,957	\$282,397,948	\$269,102,343	\$273,957,872	\$278,515,657	\$266,458,198	-4%
	Percent of LTSS Spending: Age 65+ [No DD included]	79%	80%	79%	81%	81%	78%	-4%
	Percent of LTSS Spending: Age 65+	66%	66%	65%	65%	65%	63%	-3%
	Percent of LTSS Spending: Ages 18-64	12%	13%	14%	14%	14%	14%	-3%
	Percent of LTSS Spending: All Ages	45%	45%	45%	45%	45%	43%	-4%
	Average cost of care: 65+	\$59,344	\$60,822	\$60,190	\$63,026	\$64,510	\$65,186	1%
Average cost of care: 18-64	\$64,285	\$64,902	\$65,024	\$66,716	\$67,534	\$68,033	1%	
Home and Community Based Services (HCBS), except for those with Intellectual and Developmental Disabilities	Total dollars: Age 65+	\$64,105,329	\$63,633,568	\$61,110,204	\$57,040,453	\$56,882,171	\$65,308,628	15%
	Total Dollars: Age 18-64	\$30,999,015	\$28,384,434	\$27,538,605	\$25,523,968	\$24,199,069	\$26,298,225	9%
	Total Dollars: All Ages	\$95,104,344	\$92,018,002	\$88,648,809	\$82,564,420	\$81,081,240	\$91,606,853	13%
	Percent of LTSS Spending: Age 65+	17%	17%	17%	16%	15%	18%	17%
	Percent of LTSS Spending: Ages 18-64	13%	12%	11%	11%	10%	10%	7%
	Percent of LTSS Spending: All Ages	16%	15%	15%	14%	13%	15%	13%
	Average cost of care: 65+	\$17,802	\$17,044	\$16,032	\$15,540	\$15,334	\$17,637	15%
	Average cost of care: 18-64	\$18,462	\$16,218	\$14,954	\$15,345	\$15,161	\$17,122	13%
HCBS for Adults with Intellectual and Developmental Disabilities	Total dollars: Age 65+	\$32,791,595	\$35,206,373	\$34,346,717	\$36,959,325	\$40,318,905	\$36,668,287	-9%
	Total Dollars: Age 18-64	\$207,021,386	\$213,799,813	\$211,999,348	\$213,269,963	\$222,101,047	\$224,843,752	1%
	Total Dollars: All Ages	\$239,812,981	\$249,006,186	\$246,346,065	\$250,229,287	\$262,419,952	\$261,512,039	0%
	Percent of LTSS Spending: Age 65+	9%	9%	9%	10%	11%	10%	-7%
	Percent of LTSS Spending: Ages 18-64	87%	88%	89%	89%	90%	90%	-1%
	Percent of LTSS Spending: All Ages	39%	40%	41%	41%	42%	42%	0%
	Average cost of care: 65+	\$92,469	\$96,704	\$98,634	\$102,224	\$104,447	\$96,235	-8%
	Average cost of care: 18-64	\$61,387	\$61,552	\$62,354	\$63,676	\$66,441	\$65,455	-1%
Total	Total dollars: Age 65+	\$373,013,881	\$381,237,889	\$364,559,264	\$367,957,649	\$375,716,732	\$368,435,113	-2%
	Total Dollars: Age 18-64	\$238,020,402	\$242,184,248	\$239,537,954	\$238,793,931	\$246,300,117	\$251,141,978	2%
	Total Dollars: All Ages	\$611,034,282	\$623,422,136	\$604,097,217	\$606,751,579	\$622,016,849	\$619,577,089	0%
	Average cost of care: 65+	\$42,036	\$42,475	\$41,525	\$43,435	\$44,346	\$44,552	0%
	Average cost of care: 18-64	\$49,001	\$48,486	\$48,650	\$51,047	\$53,120	\$53,399	1%

Note: The data in this chart are based on actual claims activity and spending on an incurred basis. The data have not been adjusted 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 \$32 million 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 was \$0 General Revenue (GR) / \$0 All Funds (AF). As with SFY

2019, the SFY 2020 enacted budget also included continued investments in home care that took the form an increase in rates for direct care workers pursuant to [RIGL §40-8.9-9](#).

**(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 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 at the direction of Governor Raimondo 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.

To that end, 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 options counseling. In addition, the State continues to further its longstanding commitment to provide beneficiaries and their families with the high-quality LTSS they need whether they choose care at home, in community residential settings, or nursing facilities. We believe the best way to reaffirm this commitment and support people is to meet them where they are. As we move forward, 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.

This vision for the future is to ensure there is ‘no wrong door’ in Rhode Island for those seeking 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.

Rhode Island’s older adult population is growing rapidly. Over 31 percent of Rhode Islanders are 55 or older, versus 28 percent 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.

Governor Raimondo's FY2021 budget proposal supports these aims, providing financial incentives to take empty nursing home beds out of service and promoting transitions from facilities to community settings, whenever possible; this aims to improve people's quality of life and help stall, if not avoid, more costly institutional care that places greater strain on Medicare, Medicaid, and other public programs.

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. The Governor's 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 its social, cultural and economic vitality.