

A Senior Agenda for 2011

Almost all seniors, including those with chronic diseases, want to age in the community rather than in a nursing home. When one survey asked seniors what they feared most about aging, their top three fears were: 1) loss of independence, 2) moving out of home into a nursing home, and 3) giving up driving. We need a determined focus by our state's decision-makers on an "aging in community" effort in five inter-related areas: "rebalancing" Medicaid long-term care spending toward more home and community-based services (HCBS), improving salaries for direct care HCBS workers, maintaining subsidized public transit for seniors, developing a long-term care options counseling program, and providing more support for unpaid caregivers.

The Perry-Sullivan law, enacted in 2006, mandated the RI Department of Human Services (DHS) to work toward a goal of spending 50% of every Medicaid long-term care dollar on HCBS. At that time only 10% of every dollar funded HCBS, the remainder paid for residential care. Rhode Island's progress toward the 50% goal has been slow. In 2010 Rhode Island had only increased HCBS spending to 14.5 cents of every long-term care dollar. The national average was 31.6 cents per Medicaid dollar, with eight states spending over 40 cents. DHS must accelerate movement toward the rebalancing goal of spending 50% of Medicaid long-term care dollars on HCBS.

Low salaries and lack of benefits for Medicaid-funded direct care workers in HCBS settings are major shortcomings of our long-term care system. This has resulted in high staff turnover, difficulty in serving clients on weekends and in rural areas, and potentially diminished quality of care. The Perry-Sullivan Law directed DHS to develop a new rate-setting methodology by December 31, 2008 to address this problem. To date, this methodology has not been developed. It must be done, soon.

Mobility is vital for seniors' independence. Transportation connects them to needed services as well as social networks and community activities. 22% of Rhode Island seniors aged 65 and older no longer drive, and some of them depend completely on free or reduced-price bus service and the RIde para-transit service. Rhode Island must preserve free and reduced-fare service for seniors and disabled persons. We need a more reliable funding mechanism for RIPTA than the gas tax, which produces wide variations in revenues based on economic conditions. The RIde para-transit program must avoid additional co-pay increases.

Rhode Island's long-term care system can be a complex, baffling and often frustrating maze for those who seek appropriate services and try to plan how to pay for care. As some have pointed out, "receiving HCBS requires planning, being placed in a nursing home does not." Seniors should be able to make informed choices about their long-term care. Amendments to Rhode Island law in 2009 required DHS to provide options counseling about care choices and sources of payment for seniors or their representatives seeking Medicaid long-term care. DHS responded by providing "options counseling training" to professionals in contact with seniors as they make care decisions. More than that is needed. DHS must provide a comprehensive options counseling service for all seniors seeking Medicaid long-term care.

Volunteer caregivers are by far the largest providers of long-term care to seniors living in the community. One study showed that 78% of persons receiving care in the community received their care exclusively from unpaid family members and friends. Abundant research shows family caregivers themselves to be an increasingly vulnerable and at-risk population. Rhode Island must develop a comprehensive family caregiver support program, building on proven models from other states. This program should not simply be an “add on” to existing systems such as “The Point”. It should have its own Web-based support program that includes an online discussion board where caregivers can provide mutual support and share experiences, and an “Ask the Expert” feature to provide specialized consultation on complex medical and social needs that caregivers are trying to address.