

Senior Digest – June 2009 Column

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Rebalancing Long-Term Care: It's About Values

On May 28 the Senior Agenda Coalition sponsored a Community Forum on the topic of “Rebalancing Long-Term Care: Lessons Learned from Other States.” “Rebalancing” refers to shifting the state’s Medicaid funds to provide more home and community-based care for seniors and disabled adults and reduce the usage of nursing homes. Nearly every state has been implementing this policy for a number of years, with support and encouragement from the federal government. The goal has been to reach a 50-50 percent balance between Medicaid spending home and community-based services (HCBS) and nursing homes. Rhode Island has lagged badly behind most states, spending only 12 cents of every Medicaid dollar on HCBS. The national average is 36 cents.

Discussions about rebalancing often move quickly into technical jargon: “dual eligibles”, levels of care, mandatory and optional services, prospective reimbursement, populations served, and so on. The complexities can challenge not only laypersons, but also legislators and less-experienced professionals. Of course it’s very important to understand these technicalities in crafting a program that complies with federal and state rules while it works for consumers.

However, Charley Reed, a Forum presenter who was the architect of Washington State’s very successful rebalancing—53% spent on HCBS, changed the discussion when he said the most important factor in his state’s success was the set of core values embraced by those who rebalanced his state’s long-term care. He listed those values as:

- (1) A clear State Vision that consumer choice should drive the long-term care system.
- (2) A belief that quality of life is as important as quality of care.
- (3) A belief that no one service is more important than another. The most important service is the one the consumer wants and needs.

Charley tells a story about consumer choice. “My father-in-law was very ill, and died the day after this event occurred. A hospice worker came to visit him in his home and asked ‘Stanley, do you want me to help you take a bath today?’ Charley’s wife, her four sisters and her mother, who were all in the room, answered, ‘Oh no, Stanley is too frail, he couldn’t possibly have a bath today.’ The worker looked at Stanley and said ‘Stanley, do you want to have a bath today?’ Stanley said ‘yes.’ My wife and her mother and her sisters all loved my father-in-law; they wanted the best for him. The hospice worker, however, knew how important it was to maintain Stanley’s options as long as possible even for things that may not seem very important, but are, of course, very important. The point here is that many of us well-intended folks make decisions for those who may look frail and may be frail, but can still make decisions if given a chance. Now we all know that many

folks do need help making decisions. I think we should err on the side of giving people a choice even if they have disabilities and may be frail.”

The Senior Agenda Coalition believes that those who lead and manage Rhode Island’s rebalancing effort should explicitly embrace a set of similar core values that will drive their efforts, and be willing to engage in a public discussion about those. More than that, they must propose policies, rules and regulations that will be consistent with those values.