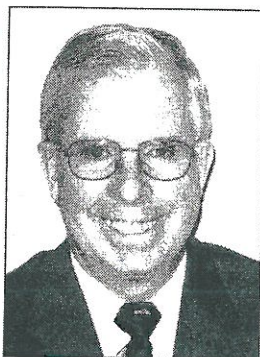


# We Need Leadership to Improve Medicaid Long-Term Care

Since the early 2000's Rhode Island's Governors and many legislative leaders have said they supported the policy goal of "rebalancing" our state's Medicaid long-term care system for seniors and persons living with disabilities. For years Rhode Island had been spending 90% of Medicaid long-term care dollars on nursing home care, 10% on care in the home or other community setting. The rebalancing goal

## On the Senior Agenda



By William F. Flynn Jr.

was to spend at least 50% of funds on what most seniors prefer—care in home and community-based settings. Legislation created a moratorium on licensing additional nursing home beds, and in 2006 the Senior Agenda helped pass a law to re-invest savings from each year's reduction in nursing home spending

in expanded homecare services the following year. In 2008 under a global Medicaid waiver the federal government, that pays half of RI's Medicaid bill, gave the State of Rhode Island the ability to create innovative programs to expand home and community-based services.

Unfortunately, The Great Recession arrived simultaneously with that initiative. In 2009 the Governor and General Assembly slashed by 50% funding for community-based programs that helped Medicaid long-term care clients remain in the community—senior centers, information specialists, Meals on Wheels, respite care for caregivers, and froze payment rates to homecare agencies providing services like home-maker and skilled nursing. RI's implementation of the global Medicaid waiver

lacked focus and leadership on rebalancing long-term care. Every year since 2009 we have had to fight just to prevent even more cuts to these programs, with the only bright spot being restoration of \$330,000 for Meals on Wheels in 2015. By 2016 RI was still spend-

ties. We also supported major increases in reimbursement rates for salaries for homecare agencies' direct care staff.

Looking back, I believe the missing ingredient in efforts to build a better long-term care system has been leadership. We've had

leaders who are strongly committed to achieving rebalancing through a coordinated effort that allows seniors and persons living with disabilities maximum informed choices about their long-term care. Beginning with our gubernatorial candidates forum this

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**“As we move forward, we need administrators as well as elected leaders who are strongly committed to achieving rebalancing through a co-ordinated effort ...”**

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ing 80% of Medicaid dollars on nursing home care.

Finally, beginning with our Legislative Leaders Forum this March, the Senior Agenda Coalition led successful efforts to have the budget that began July 1 increase investments in helping seniors remain in the community—\$400,000 in senior center funding and major improvements to The Point, an information and referral source for programs serving seniors and persons living with disabili-

Governors and legislative leaders who unrealistically saw rebalancing as a sort of “quick fix” to reduce the growth of the Medicaid budget. We've had high turnover among high-level administrators responsible for long-term care. We have never been able to identify a high-level person who was responsible for spearheading rebalancing efforts and keeping score on progress in that area. As we move forward, we need administrators as well as elected

fall, we will be calling on Rhode Island's leaders to give more than lip service to expanding home and community-based services and to provide high-level administrative leadership to focus and coordinate those efforts.

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