

Aging in Community Subcommittee of the Long Term Care Coordinating Council (LTCCC) + Age Friendly RI

Joint Work Groups: Supports @ Home & Economic Security
JUNE 30, 2022 - 11:30-12:35 via ZOOM

Agenda:

1. Review of 2022 Legislative Activity
2. Report on CARELINK ADPI grant to provide dementia-capable home and community-based service (HCBS) systems that improve quality of life for people living with ADRD and their caregivers.
3. Sharing of other news from work group members

Attending: Maureen Maigret-Chair, Nicole Arias, Bernie Beaudreau, Jim Connell, Caroline Ganjii, Catherine Gorman, Meg Grady, Kelley Hurtley, Joelle Kanter, , Mary Ann Moran, Kyle Penrod, Marianne Raimondo, Janet Spinelli, Karen Statser and Michelle Szylin

FY23 State Budget: Aging in Community Related

- Perry-Sullivan Fund Suspension – Not Included (\$38.6M)
- Rate increases and one-time funding across numerous healthcare and human services programs*
- Home care rate increases to achieve \$15/minimum hourly wage (\$7.5M)
- Long-term care rebalancing: For home care agency workforce recruitment, retention, and training (\$10M)
- Consumer-Directed programs
 - Independent Provider: \$15/hourly wage (flat rate set by state) (\$266K)
 - Personal Choice: \$15 - \$21/hour range (\$12.5M)
- Medicaid Dental Rates (selected) Increases: \$8.1M
- Livable Home Modifications Increase: \$500,000 Added
- Senior Services Programs: Increased \$200,000 to \$1M
- Meals on Wheels: \$400,000 for rates increases including culturally appropriate and therapeutic meals
- SNAP Pilot: \$11.5M – incentives of \$0.50 for every dollar spent on fruits and vegetables
- SNAP application streamlining for elderly/disabled: \$400,000 Federal funds pending federal approval
- \$250,000,000 ARPA funds for Affordable Housing

* E.g., hospitals, nursing facilities, community health centers, Early Intervention, adult dental, pediatric practices, labor & delivery, Meals on Wheels, child care, mental health services (including HBTS, ABA, Respite, PASS)

2023 Legislative Activity Highlights

“the good news”

- **S2311/H7180+S2200/H7489 by DiPalma + Casimiro– Called for Rate reviews of health and human services and clinical services.**

Status: Budget Act requires Health Insurance Commissioner to hire necessary staff and hire a firm to undertake a comprehensive review of all social and human service programs having a contract with the state or licensed by the state for purposes of developing baseline of eligibility factors, baseline for understanding reimbursement rates, ensuring accurate and adequate reimbursement to facilitate availability of high quality services to individuals receiving home and community-based services and supports, ensuring general assembly is provided with adequate financial projections on social and human services costs, service demands and workforce needs. Assessment of rates to be completed by January 1, 2023; of national and regional Medicaid rates comparison by April 1, 2023; of private insurance and private rates by April 1, 2023; recommended rate adjustments by September 1, 2023 and biennially thereafter.

- **\$1.5million** was included in the budget to conduct the required reviews and analyses

2023 Legislative Activity Highlights

“the good news continued”

- [H7127](#) by Ruggiero + [S2192](#) by Coyne – Re: Property Tax Relief.

increased income eligibility to fifty thousand dollars (\$50,000) per household and maximum credit amount

to eight hundred fifty dollars (\$850) and mandate that the income ranges and credits be adjusted annually for inflation.

Status: Included in Budget Article 12, section 6 with income increased from \$30,000 to \$35,000 and maximum credit/refund to \$600 with annual inflation factor

- [H7942](#) by Ackerman and [S2623](#) by Kallman. Revises definition of Accessory Dwelling Unit (ADU), sets criteria for municipality not imposing excessive restrictions and counting as part of low and moderate affordable housing.

Status: Bills heard and [H7942B](#) passed in concurrence; [S2623A](#) passed in concurrence.

2023 Legislative Advocacy Continues

“Work not Over”

- **Minimum Wages for Home-Community Care Direct Staff**
- **Expanding Medicare Premium Savings Program**
- **Expanding Elderly Transportation**
- **Caregiver Supports – TCI expansion to 12 weeks**
- **Office of Healthy Aging – Increasing Resources/Staffing**
- **Increasing Support for Local Senior Services**
- **Community Mental Health Services for Older Adults**

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Scorecard

2017 Recommendations

(EOHHS Healthy Aging Workgroup)

- Enhance senior **center** funding; allocate per formula →
- Expand coverage Co-pay to 250% and ages 19-64 with ARD →
- Home Mod/Repair Financing and Tax Credits →
- Community engagement/volunteerism →
- Economic Security – Expand MPS program →

2023 Status

- OHA Senior Center+senior program funding increased from \$400,000 in FY2016 to \$.8M in FY2022 budget to \$1Mil for FY2023 budget
- Added to FY2021 Budget – effective April 2022
- Livable Home Modification Program Started Funding increased to Habitat for Humanity Providence/E Prov. assistance with home mods/repairs
- PropertyTax Credit Expansion - FY2023 budget
- The Village Common of RI started in 2019. seniors helping other seniors to remain independent living at home
- Legislation introduced for several years. Not passed.

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CENSUS DATA ABOUT RI'S OLDER POPULATION

Senior Population Growth:

Rhode Island's total population of 65 years and older has grown by 20% from 152,183 in 2010 to 182,486 in 2020, adding 30,303 people in this age group.

The number of 65 years and older will grow to over 247,000 by 2030, an increase of 65,000 seniors over the 2020 census.

Seniors in Poverty:

The number of 65 years and older persons in poverty from 2010 to 2020 increased by 4.9%, from 15,664 to 16,425.

Older Women are the Poorest:

RI's oldest age group experience greater rates of poverty: The poverty rate of 75 years and older adults increased from 10.5% to 10.9%, with women in this age group having the highest poverty rate of 12.7% in 2020.

U.S. Census Bureau, 2020 & 2010 tables B17001 Poverty Status in Past 12 Months by Sex & Age

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Seniors Living Alone: Seniors living alone increased by 4,817 from 2010 to 2020, an increase of 10%, from 48,464 in 2010 individuals to a total of 53,281 in 2020.

SNAP Participation:

95% of SNAP (food stamps) eligible Rhode Islanders participate in the program but only 60% of Rhode Island's population of 60 years participate.

U.S. Census Bureau, 2020 & 2010 table B09020 Relationship by Household Type of 65 years and older population
USDA Food & Nutrition Service: [SNAP Participation Rates by State, All Eligible People | Food and Nutrition Service \(usda.gov\)](#)

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Incomes of Older Householders

58,441 (52%) of all Rhode Island Householders 65 years and older have annual incomes below \$50,000.

Rhode Island: Age of Householder by Household Income in the Past 12 Months (In 2020 Inflation-adjusted Dollars)

Householder 65 years and over:	112,476	Cumulative	Cumulative %
Less than \$10,000	7,159	7,159	6%
\$10,000 to \$14,999	9,218	16,377	15%
\$15,000 to \$19,999	8,262	24,639	22%
\$40,000 to \$44,999	5,516	54,377	48%
\$45,000 to \$49,999	4,064	58,441	52%
\$50,000 to \$59,999	7,860	66,301	59%
\$60,000 to \$74,999	9,518	75,819	67%
\$75,000 to \$99,999	11,704	87,523	78%
\$100,000 to \$124,999	8,954	96,477	86%
\$125,000 to \$149,999	5,611	102,088	91%
\$150,000 to \$199,999	5,028	107,116	95%
\$200,000 or more	5,360	112,476	100%

Source: American Communities Survey 2019



Alzheimer's Disease Program Initiative Grant

Bringing evidence-based care, treatment
and case management to Rhode
Islander's living at home with dementia



Grant Details

- The Administration for Community Living, a division of the Department of Health and Human Services, has awarded CareLink a three-year cooperative agreement of \$904,153 for its Alzheimer's Disease Program Initiative.
- This award will provide funding for CareLink to partner with multiple organizations within Rhode Island as we develop and implement innovative evidence-based treatment programs and support services for people living with Alzheimer's disease and related dementias (ADRD), their care partners, and families living in Rhode Island.

Goals:

Close the gap in Alzheimer's Disease and related disorders (ADRD) services by:

- expanding upon existing programs that provide support and resources within the state of Rhode Island
- adding evidence-based interventions and rehabilitation services to incorporate provider recommendations into participants home settings successfully
- extending services to include additional populations in need, including individuals with I/DD, individuals living alone with a diagnosis of ADRD and individuals with behavioral manifestations of ADRD

Who?

- Today, there are approximately 24,000 RI residents with a diagnosis of Alzheimer's disease, and this number is projected to double by 2040.
- Alzheimer's is just one of many conditions that cause dementia.
- CareLink's grant will support services for people with ADRD who live in the community alone, or with a care partner, individuals living with intellectual and developmental disabilities, and ethnically and culturally diverse communities.

Why?

- Evidence has demonstrated that individuals living with ADRD, and their care partners, can benefit from therapeutic intervention to improve their independence, safety at home, mood, cognitive skills and quality of life.
- Research has also shown that individuals living with ADRD are twice as likely to be seen in Emergency Rooms and sustain falls.
- Care partners report limited access to resources needed to manage the day-to-day stresses of living with ADRD.

What?

- The grant's innovative, evidence-based programs for people with ADRD and their care partners will focus on modifying an individual's environment to support their strengths and allow them to be as independent as possible
- The skills of a dedicated team of specially trained Occupational Therapists and Speech-Language Pathologists will deliver 2 evidence-based programs, Skills2Care and Cognitive Stimulation Therapy, to participants and their care partners
- We will also provide wrap-around services that include connecting resources, caregiver education, case management, and individualized training.

Where?

- CareLink will be delivering services in participants homes to maximize independence and safety while providing care partner support, education and training.



When?

- Over the next 3 years, CareLink will partner with multiple community resources to reach those individuals living alone, or with care partners/givers, to help each individual live safely where they choose to live, for as long as possible.
- We will begin enrolling participants once we have completed our planning phase with ACL.
- At the conclusion of this grant our goal is to create a sustainable, model of care and service, to facilitate a dementia-capable standard of care in the community, and to publish our findings.

How...Can you help?

- Partner with us to help spread the word to enroll participants!
- Our goal is enroll 300 participants within 3 years
- Help us reach minority, underserved and individuals living alone

- "This project is supported by the Administration for Community Living (ACL), U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$904,153 with 74% funded by ACL/HHS and \$319,926 amount and 26% funded by non-government source(s). The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by ACL/HHS, or the U.S. Government."

A photograph of two women, one older with white hair and one younger with brown hair, both smiling warmly and embracing each other. The older woman is on the left, wearing a white polka-dot shirt, and the younger woman is on the right, wearing a light pink top. The background is a bright, out-of-focus indoor setting.

Q & A

Home-Based Therapeutic Interventions for Individuals Living with Alzheimer's Disease and Related Disorders



THE GRANT

Through the generous grant support of the Administration for Community Living, CareLink's specially trained Occupational Therapists and Speech-Language Pathologists will provide home-based services to residents of Rhode Island who are living with Alzheimer's disease and related disorders.

PROGRAM INFORMATION

This program will feature two evidence-based therapeutic interventions, Skills2Care® and Cognitive Stimulation Therapy. These programs have demonstrated effectiveness in improving the safety, independence, and quality of life for individuals living with mild to moderate dementia, including their care partners. These services are available at no out-of-pocket cost to participants.

REFERRALS

Our community referral partners are critical to ensuring individuals have access to this important resource, which includes patients, clients and beneficiaries. Please refer those who may benefit from participating in our program and become a partner in this local initiative. Thank you for making these programs a sustainable resource for Rhode Island residents living with dementia and their care partners.

CONTACT

For questions and referrals please contact:

Laurie Mantz, OTR, CADDCT
Grant Program Manager

Email: ADPIDementia@carelinkri.org

Phone: 401-490-7610 x 114

To learn more about CareLink visit our website at www.carelinkri.org



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