Rhode Island Partnership
for Home Care

Advancing quality healthcare at home

December 13, 2021

VIA EMAIL: moise.bourdeau@oha.ri.gov

Moise Bourdeau, MS, Policy and Governmental Affairs Director
Department of Human Services
Office of Healthy Aging
State of Rhode Island
Louis Pasteur Building #57
25 Howard Avenue
Cranston, RI 02920

Re: **Notice of Amendment to the Rules, Regulations and Standards Governing the Home and Community Care Services to the Elderly Program, 218-RICR-40-00-4**

Dear Mr. Bourdeau,

On behalf of the Rhode Island Partnership for Home Care, I wish to express my opposition to the revisions as proposed to 218-RICR-40-00-4 as a result of the General Assembly's action in the January 2021, A.D. session to revise G.L. § 42-66.3. Specifically, my association's opposition is focused on the revisions proposed to 18-RICR-40-00-4.3.2.A.2(b), 18-RICR-40-00-4.3.2.A.2(d), 18-RICR-40-00-4.3.2.A.4(b), 18-RICR-40-00-4.3.2.A.4(d) and 18-RICR-40-00-4.3.3.C.1(c) to respectively expand eligibility to those above the age of 18 years with a diagnosis of Alzheimer's Disease or dementia and to those above 200% of the federal poverty level with a capitation at 250%. Representing providers within our membership that are contracted with the Office of Healthy Aging to provide healthcare services to beneficiaries of the At Home Support Program, we are in the regrettable position of objecting to expansion of care at a point of high community demand without systemic support for an available and sustainable workforce and calling out failures in operational management by the Office of Healthy Aging for the At Home Support Program. While it is laudable to expand access to those in need of care, this is not the right time to do such until the Office of Healthy Aging addresses these urgent issues.

Over the past several years, my association has sounded the alarm on the expanding beneficiary wait list for the At Home Support Program services. Current reimbursement rates for these services do not entice home care agencies to onboard and retain these cases. These referrals are largely preventative cases requiring minimal homemaking services and light activities of daily living support. At times, home care administrators have reported that some of these beneficiaries are authorized for excess hours of services per week whereas the licensed nurse assistant is left with a lack of tasks during a scheduled visit with these clients. In addition,

some of these clients build up cost shares that they are unable or unwilling to pay. This leaves home care agencies with deficits per case that adds up to hundreds and even thousands of dollars before their ability to drop these cases. The Office of Healthy Aging's subcontracted case management agencies pressure these home care agencies to maintain these cases by threatening to not refer future cases that may not have the same issues. These case managers will even pass along referrals to other home care agencies knowing that there is a high risk of repeating behaviors of non-payment of cost shares.

By enacting these amendments as currently proposed, the Office of Healthy Aging will expand demand of services without a network of home care agencies with adequate staffing and reimbursement to deliver care. This will exacerbate frustration and cause confusion to beneficiaries that have an expectation of the Office of Healthy Aging to offer timely services. Addressing the aforementioned barriers of access to care within the At Home Support Program first will allow for alleviating said beneficiary frustration and confusion before offering expanded eligibility with the intended home care services.

However, should the Office of Healthy Aging ignore its own operational failures and intend to continue with its expansion efforts for this program, my association requests consideration of the following amendments to 218-RICR-40-00-4.

Request #1: *Revise the existing language for 218-RICR-40-00-4.1.5.A.10. This language is currently proposed to be eliminated. Renumeration is subsequently required.*

"~~Home health aide~~ Licensed nurse assistant services" means healthcare services by a paraprofessional in accordance with G.L. § 23-17.9-14 providing ~~simple health care tasks,~~ personal care ~~hygiene services, housekeeping tasks essential to the patient's health,~~ and ~~other~~ related ~~supportive services~~ health care and assistance based on his or her level of preparation to individuals who are sick, disabled, dependent, or infirm, and who are patients at or are receiving services from a home care agency. ~~These services shall be in accordance with a plan of treatment for the patient and shall be under the supervision of the appropriate health care professional. These services shall be provided by a person who meets the standards established by the Department of Health.~~

Request #2: *Revise the existing language for 218-RICR-40-00-4.1.5.A.12. This language is currently proposed to be amended. Renumeration is subsequently required.*

"Homemaker services" means ~~assistance and instruction in managing and maintaining a household, and incidental household tasks for persons at home because of illness, incapacity, or the absence of a caretaker relative. These services shall be provided by a person who meets the standards established by the Department of Health~~ services by a homemaker employed by a home care agency providing ~~the performance of~~ general household tasks ~~(e.g. meal preparation and routine household care) provided by a qualified homemaker, who is employed by a licensed home care agency,~~ whereby no physical contact with the beneficiary is allowed. ~~when the beneficiary or caretaker regularly responsible for these activities is temporarily absent or unable to manage the home and care for him or herself or others in the home.~~

Request #3: ***Revise the proposed language for 218-RICR-40-00-4.1.5.A.19(g). This language is currently proposed to be amended.***

g. ~~Home nursing care such as personal care attendants, private duty nursing and home health aides~~Services provided by a home care agency;

Request #4: ***Revise the following language for 218-RICR-40-00-4.3.3.B. This language is currently proposed to be amended.***

~~Copay~~At Home Cost Share Program. Clients determined eligible under § 4.3 of this Part shall be assigned a cost share based on their income level and their selected service~~s need~~. ~~All client payments under this Program shall be paid directly to a vendor(s) of service(s)~~Clients are responsible to pay their cost share directly to the ~~vendor/service provider~~ home care agency at the time of service.

Request #5: ***Add the following language for proposed 218-RICR-40-00-4.4.2.A-4. This language would be a new line to the proposed amendments.***

4. The client fails to pay any and all owed cost share to a home care agency at the time of service.

Request #6: ***Revise the proposed language for 218-RICR-40-00-4.6.1.A.1. This language is currently proposed to be amended.***

The Committee shall meet ~~quarterly~~ monthly, or more frequently if deemed necessary by the Director of the ~~Division~~ Office.

Should you have any questions related to the content of this letter, please contact me directly at (401) 351-1010 or director@riphc.org. I am looking forward to receiving your response to this letter in writing.

Sincerely,

Nicholas Oliver, MPA, CAE
Executive Director

cc: Celia Blue, Interim Director, Department of Human Services
Michelle Szylin, Interim Director, Office of Healthy Aging
Robert Goldberg, Esq., Rhode Island Partnership for Home Care