### 2018 -- H 7043

LC003055

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## STATE OF RHODE ISLAND

### IN GENERAL ASSEMBLY

#### **JANUARY SESSION, A.D. 2018**

### AN ACT

# RELATING TO STATE AFFAIRS AND GOVERNMENT - CARETAKER ASSISTANCE AND RELIEF FOR ELDERLY (CARE)

Introduced By: Representatives Marshall, O'Brien, Bennett, Costantino, and Slater

Date Introduced: January 03, 2018

Referred To: House Health, Education & Welfare

It is enacted by the General Assembly as follows:

SECTION 1. Title 42 of the General Laws entitled "STATE AFFAIRS AND 1 2 GOVERNMENT" is hereby amended by adding thereto the following chapter: 3 **CHAPTER 66.12** CARETAKER ASSISTANCE AND RELIEF FOR ELDERLY (CARE) 4 5 42-66.12-1. Legislative findings and purpose. 6 (a) The legislature finds that the state must improve accommodations for a broad range of home and community based long-term care options for Rhode Island's significant elderly 7 8 population. The division of elderly affairs reports that according to 2006 census bureau figures 9 the state had 194,533 residents age sixty (60) and older. This represented 18.2 percent (18.2%) of 10 the population and ranked Rhode Island eighth in the nation in this category. As of July 1, 2016, 11 the United States Census Bureau estimated that sixteen and one-half percent (16.5%) of the 12 Rhode Island population were sixty-five (65) years of age or older. 13 (b) The legislature further finds that family caregivers constitute a major role in the state's 14 health care system by regularly providing long-term care to the elderly. Caregiving for an elderly 15 family member takes a toll on caregivers, and care recipients. Numerous studies show that 16 caregivers report higher levels of psychological distress, and caring for elderly family members over extended periods of time can lead to chronic stress. In some instances, adult children may 17

have to return home to live, and abandon careers in the process, in order to care for their parents

1	at home, which is the only alternative to expensive institutional care. They often have to quit their
2	jobs to stay home to care for their aging parents, which may result in financial disaster for the
3	family and a loss of tax revenue for the state. While family caregivers play a critical role in
4	helping others, it is imperative that family caregivers take care of themselves and have the
5	necessary supports and services to sustain their own health as well as the health of the family
6	member for which they are caring.
7	(c) The purpose of this act is to:
8	(1) Authorize the division of elderly affairs to establish the CARE program to assist
9	Rhode Island family caregivers who are providing care for elders and to allow family caregivers
10	to stay in the workforce;
11	(2) Provide a comprehensive program of assistance for Rhode Island elderly continuing
12	to live at home; and
13	(3) Appropriate funds for the establishment and implementation of the CARE program.
14	42-66.12-2. Definitions.
15	(a) "Activities of daily living" means the following activities that individuals perform as a
16	part of daily living: eating; dressing; bathing; toileting; transferring in and out of a bed or chair;
17	and walking or moving about by other means within the home.
18	(b) "Adult day care" or "adult day health" means personal care for an individual in a
19	supervised, protective, and congregate setting during some portion of a day.
20	(c) "Assisted transportation" means an individual who has difficulties, cognitive or
21	physical in nature, and who needs assistance in using regular vehicular transportation.
22	(d) "Attendant care" means stand-by assistance, supervision, or cues, and may include
23	other activities to help maintain the independence of an individual at home. Attendant care shall
24	not include providing hands-on-the-body support, including but not limited to, weight-bearing
25	assistance with transfers: washing; bathing; or grooming a participant's body; or guiding a
26	participant's limbs or implements to assist with feeding or dressing.
27	(e) "Care coordination" means a person-centered, assessment-based, interdisciplinary
28	approach to integrating health care and social support services that are tailored to an individual's
29	needs and goals across all care services.
30	(f) "Case management" means assistance either in the form of access or care coordination
31	in circumstances where an individual is experiencing diminished functioning capacities, personal
32	conditions, or other characteristics that require the provision of services by formal service
33	providers or family caregivers. Activities of case management may include assessing needs,
34	developing care plans, authorizing and coordinating services among providers, and providing

1	ionow-up and reassessment, as required.
2	(g) "Chores" means activities such as heavy housework, yard work, or general home
3	maintenance.
4	(h) "Coach" means an individual who:
5	(1) Helps the self-directing participant understand the program of self-directed supports;
6	(2) Develops and implements a spending plan to describe how the participant will spend
7	the participant's budget; and
8	(3) Evaluates whether the self-direction program is meeting the participant's needs.
9	(i) "Family caregiver" means a spouse, adult child, other relative, partner, or friend who
10	has a personal relationship with, and provides a broad range of unpaid assistance for, an adult age
11	sixty (60) or older with a chronic or disabling condition.
12	(j) "Homemaking" means activities such as preparing meals, shopping for personal items,
13	managing money, or performing light housework.
14	(k) "Instrumental activities of daily living" means the following instrumental activities
15	that individuals perform as a part of daily living: preparing meals; shopping for personal items;
16	medication management; managing money; using the telephone; performing light housework;
17	performing heavy housework; and making use of available transportation.
18	(1) "CARE core services" means services consisting of:
19	(1) Adult day care;
20	(2) Attendant care;
21	(3) Case management;
22	(4) Chores;
23	(5) Homemaking;
24	(6) Nutrition and meal delivery;
25	(7) Personal care;
26	(8) Transportation; or
27	(9) Assisted transportation.
28	(m) "Nutrition and meal delivery" means the delivery of a meal to a qualified individual
29	at the individual's place of residence.
30	(n) "Person-centered plan" means a plan developed by a qualified individual with the
31	assistance of a coach that allows the qualified individual to establish goals, skills, and knowledge
32	necessary to work toward the desired outcomes and lays out practical steps to the achievement of
33	the goals; provided, that family members and friends may provide assistance in developing a
34	qualified individual's plan if the qualified individual chooses to include them.

1	(o) "Person-centered planning" means a process, directed by the participant, intended to
2	identify the strengths, capacities, preferences, needs, and desired outcomes of the participant.
3	(p) "Personal care" means personal assistance, including hands-on-the-body support,
4	stand-by assistance, supervision, or cues, to assist a participant with activities of daily living.
5	(q) "Qualified individual" means an individual who is sixty (60) years of age or older and
6	homebound by reason of illness or incapacitating disability, or is otherwise isolated, and meets all
7	the criteria to participate as a benefit recipient under the CARE program.
8	(r) "Transportation" means transportation from one location to another with a vehicle and
9	does not include any other activity.
10	42-66.12-3. Caretaker assistance and relief for elderly (CARE) program.
11	(a) The division of elderly affairs within the department of human services shall establish
12	the caretaker assistance and relief for elderly (CARE) program. The program shall provide
13	additional assistance to qualified individuals who meet the requirements of this section.
14	(b) The program shall be coordinated and administered by the director of elderly affairs.
15	(c) The CARE program shall award a voucher of a maximum of seventy dollars (\$70) per
16	day to cover costs for the following services that would otherwise be performed by the qualified
17	family caregiver for the care recipient:
18	(1) Transportation;
19	(2) Personal care services;
20	(3) Respite care;
21	(4) Adult day care; or
22	(5) Chores and homemaking services;
23	Provided that the voucher shall be issued directly to the service provider.
24	(d) The director may promulgate and adopt rules and regulations necessary to implement
25	the purposes of this section.
26	(e) CARE services shall be delivered through two (2) distinct service options: traditional
27	service delivery or qualified individual-directed services and support. Based on an individual
28	support plan, each eligible participant may access CARE supports and services through
29	traditional service delivery or participant-directed services and support; provided that:
30	(1) Traditional service delivery shall deliver to each participant one or more CARE core
31	services to address the qualified individual's specific needs that have been identified through the
32	division of elderly affairs process for person-centered planning; and
33	(2) Qualified individual-directed services and support shall address the qualified
34	individual's specific needs that have been identified through the division of elderly affairs process

1	for person-centered planning. Quantied individual-directed services and support shall be folig-
2	term services and supports that a qualified individual uses to maintain the qualified individual's
3	independence in the community, in which the qualified individual determines what mix of
4	services and support works best for the qualified individual. The qualified individual shall have
5	decision-making authority over the qualified individual's budgeted dollar amount to purchase and
6	manage the qualified individual's needed services and supports based on the qualified individual's
7	person-centered plan. Qualified individual-directed services and support shall provide the
8	qualified individual with a coach to assist the qualified individual with using the services and
9	support in a manner that best supports the qualified individual's ability to maintain independence
10	and enable a quality living experience in the community.
11	(f) To qualify for the CARE program, a qualified individual shall:
12	(1) Be a citizen of the United States or a qualified alien; provided, that for the purposes of
13	this paragraph, "qualified alien" means a lawfully admitted permanent resident under the
14	Immigration and Nationality Act;
15	(2) Be sixty (60) years of age or older;
16	(3) Not reside in a long-term care facility, such as an intermediate care facility, assisted
17	living facility, skilled nursing facility, hospital, community care foster family home, adult
18	residential care home, or expanded adult residential care home; and
19	(4) Have impairments of at least:
20	(i) Two (2) activities of daily living;
21	(ii) Two (2) instrumental activities of daily living;
22	(iii) One activity of daily living and one instrumental activity of daily living; or
23	(iv) Substantive cognitive impairment requiring substantial supervision because the
24	individual behaves in a manner that poses a serious health or safety hazard to the individual or
25	another person.
26	(g) The division of elderly affairs or other entity designated by the director of the division
27	of elderly affairs shall conduct an intake and assessment of individuals seeking long-term services
28	and supports to determine eligibility for the program. The intake and assessment shall include the
29	following:
30	(1) A statewide uniform intake developed with and adopted by the director of the division
31	of elderly affairs to preliminarily determine eligibility for public funded services and supports,
32	including CARE services; and
33	(2) If warranted, a written assessment of the individual's eligibility to utilize statewide
34	uniform comprehensive in-home care within ninety (90) days after written notice of the division

1	of elderly affair's decision regarding eligibility for CARE services; provided that the director's
2	decision shall be issued in writing and shall be final.
3	(h) Prior to termination of CARE services, service providers shall notify the division of
4	elderly affairs of the date and reason for termination. Termination of CARE services may occur if
5	the individual:
6	(1) Moves and the provider is unable to locate the individual;
7	(2) Is no longer a Rhode Island resident;
8	(3) Dies;
9	(4) No longer needs CARE services and supports;
10	(5) Is uncooperative with the service provider;
11	(6) Is non-compliant with the basic requirements of the program;
12	(7) Engages in behavior that threatens or demonstrates violence toward the service
13	provider;
14	(8) Decides the individual no longer needs or wants a particular service;
15	(9) Uses comparable services from other programs; or
16	(10) Has a communicable disease that threatens the safety and welfare of the service
17	provider.
18	(i) The division of elderly affairs shall record all consumer data, assessments, and service
19	delivery within a statewide-consolidated database.
20	SECTION 2. This act shall take effect on July 1, 2018.
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### EXPLANATION

### BY THE LEGISLATIVE COUNCIL

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### RELATING TO STATE AFFAIRS AND GOVERNMENT - CARETAKER ASSISTANCE AND RELIEF FOR ELDERLY (CARE)

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1	This act would create the Caretaker Assistance and Relief for Elderly (CARE) program to
2	be administered by the division of elderly affairs. CARE program services would provide
3	payment of up to seventy dollars (\$70) per day to cover costs for support services for qualified
4	elderly receiving care from caregivers, thereby allowing family members to work or pursue other
5	individual or family needs.
6	This act would take effect on July 1, 2018.
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