



House Finance Committee Testimony for H 5773
Relating to Human Services, Medical Assistance Long-Term Care Service and Finance Reform
(Support)

May 14, 2025

I am writing in support of House Bill 5773 and thank Representative Baginski for introducing this important legislation. This bill would ensure the continuation of longstanding practice and fair and equitable access to home and community-based services for older adults and adults with disabilities.

We appreciate the Committee's consistent attention to ensuring that our State is advancing the policies and programs that make it possible for Medicaid members to receive long-term care in the setting they most prefer, from chosen, qualified, and supported caregivers.

H 5773 would help ensure that Medicaid members who choose Shared Living, a critical community service, are able to access care and support from trusted family caregivers. The legislation compels EOHHS to continue the practice of the past 15 years that has allowed members to choose an individual to be both their Shared Living caregiver and their Power of Attorney.¹

This legislation is needed because EOHHS has announced their intention to change longstanding practice which has permitted these caregiving arrangements; the agency has done so without engaging stakeholders that have an understanding of the potential impact of the change, and without providing any evidence that the current practice has been problematic or is prohibited by State or Federal law or regulation. The announced change would have the effect of limiting options for care in the community for certain adults, particularly those who do not have many family members or friends in their life who are willing or able to provide care and support.

Background on Careforth and Shared Living

Careforth has been a provider of Rite @ Home Shared Living (Shared Living) since the service first became available in Rhode Island in 2010. We have supported hundreds of families over the past 15 years to keep care at home, and currently serve over 500 Medicaid members, eligible for services through Rhode Island's 1115 Comprehensive Demonstration Waiver, and their family caregivers. Our work focuses exclusively on enabling older adults and adults with disabilities to receive quality care at home from family caregivers. This work helps the State to achieve the savings that result from diverting long-term care from higher-cost institutional settings which is at least \$60k per member per year.

We deliver Shared Living services to Medicaid populations in 10 States and have over 20 years of experience providing coaching support to a broad range of family caregivers. Through our work, we have gained extensive experience supporting family caregivers as they take on caregiving responsibilities, in addition to other important roles, such as Power of Attorney, that are necessary to support a loved one to live in the community.

Through Shared Living, a Medicaid member lives in the same home as their chosen family caregiver. The family caregiver helps the member with their daily personal care, and a Shared Living provider organization, like Careforth, ensures the family caregiver receives ongoing education, coaching, and emotional support to understand how best to provide that care, and a modest financial stipend.

¹ The State's revised policy uses the term "financial power of attorney"; where that is not a defined term in Rhode Island statute and it is common practice for POA arrangements to include financial obligations, we use the common term "Power of Attorney" in this letter.

Careforth delivers coaching to caregivers through professional care teams (nurses, social workers, and other disciplines, as needed) who are skilled in working with “informal” caregivers, and who provide needed support to caregivers during monthly home visits, weekly check-ins, and communication between visits. (We provide caregivers with a simple technology-enabled platform so they can connect as frequently as is needed or wanted with their care team.)

Our efforts ensure consistent and ongoing support and education that is individualized to the needs of the Medicaid member and the experience and capabilities of the family caregiver. We are responsible for ensuring the caregiver is assisting the Medicaid member with their daily personal care needs, as assessed by our organization and the State’s representatives, and with monitoring circumstances in the home to ensure the living arrangement and caregiving relationship continues to be safe and appropriate for the member.

Reasons to Support H 5773

- No justification has been provided for a change in long-standing practice; EOHHS has not cited a State or Federal statute, regulation, or guidance that supports the need for this change.
- EOHHS has provided no evidence that the longstanding practice of permitting a family member to be a caregiver in Shared Living and also a Power of Attorney is bad policy. All quality and performance reviews completed by EOHHS in the last few years have confirmed that Medicaid members are receiving necessary care and support.
- Careforth’s member and caregiver satisfaction surveys have consistently demonstrated that Medicaid members and their caregivers are pleased with the care and support they receive through Shared Living and no areas of concern have been noted regarding caregivers who serve as both a caregiver and Power of Attorney.
- With persistent and critical shortages in the professional HCBS direct care workforce, we have become increasingly reliant on family caregivers to fill gaps in care. For many families, Shared Living is the only viable community-based service option that supports both Medicaid members and their live-in family caregivers who are taking on all of the responsibility and caring for loved ones at home. Access to the Shared Living service should not be unnecessarily constrained.
- It is our expectation that the Medicaid members who would be most impacted by this change would be those with cognitive impairments and behavioral health needs related to traumatic brain injuries, stroke, Alzheimer’s disease or related dementias, who need around-the-clock care and support; for these individuals and their families, many would have no other choice other than to leave their homes and enter costly institutional facilities.

Changing current practice will result in many Medicaid members being forced to choose more costly institutional care and make Rhode Island an outlier compared to other States that offer Shared Living programs. We urge support for H 5773 to maintain a longstanding practice that allows caregivers who take on the additional role of Power of Attorney to continue to participate in Shared Living.

In addition to our testimony, the committee will receive additional letters of support from a Medicaid member and two family caregivers, which are representative of the individuals who would be impacted by the change announced by EOHHS, if implemented as announced.

Thank you for the opportunity to offer these comments. I can be reached at jcrosbie@careforth.com if I may be of assistance in your assessment of this legislation.

Respectfully submitted,

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Director, Government Relations

- cc. House Finance Committee members