April 28, 2026

Dear Chair Murray and Members of Senate HHS Committee,

**Re: Support Statement for S3027**

SACRI is pleased to support S3027 introduced by Senator Dimitri, Thompson and Famiglietti. SACRI's mission is to advocate for policies and programs to improve the quality of life of older Rhode Islanders. Promoting quality long term supports and services for vulnerable older adults and adults with disabilities is a top SACRI priority.

S3027 provides that a licensed assisted living residence is not required to hold a unit for a Medicaid-eligible resident absent from the facility on medical leave for a period exceeding 10 days unless EOHHS provides a stipend of 50% of the assigned Medicaid rate to the providing organization as payment to the facility to hold the bed.

Unlike nursing homes, fewer assisted living residents are paid for by the state Medicaid program and the state has taken steps to incentivize assisted living programs to accept more Medicaid program by developing levels of care with associated payments.
For those assisted living residences serving persons on Medicaid, when the medical leave enters its second week, the facility will start to feel the financial strain of not having any payment as they still have fixed costs to pay, utilities, insurance, and some staff. Private pay facilities require that rent be paid on the 1st of the month for the entire month which means that private pay assisted living residences would continue to receive payment for days the resident was hospitalized during that month. Not-for-profit assisted living providers caring for those on Medicaid receive their payment mid-month and only for the days the resident is in the building.

An example is the Aldersbridge Assisted Living program that cares mostly for persons on Medicaid. When a resident is hospitalized, Medicaid stops paying for their care. Aldersbridge typically has about 8 Medicaid residents across their 4 assisted living communities that are on medical leave per month. Having no income for as many as 8 apartments is a hardship for a not-for-profit organization serving low-income Medicaid residents. Most assisted living facilities in RI are predominately private pay with monthly costs averaging $7,800. This proposal will have no impact on them. However, it will be of significant benefit for those assisted living facilities that accept persons on Medicaid by helping them to stabilize their financial situation and continuing to care for low-income persons needing supports. Paying for assisted living is far less expensive to the Medicaid program than nursing home placement. We urge you to recommend S3027 and thank you for your consideration.

Respectfully submitted,
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