Adult Day Services: Rebounding from the Pandemic and Planning for the Future

HCBS CONFERENCE
Home & Community-Based Services

2023 Home and Community-Based Services Conference

Presenters:

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Board Member, National Adult Day Services Association

Objectives

- Adult Day Services Continuum
- Benefits of ADS
- Diversification of ADS
- Research, Data, and Outcomes for the Future

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Adult Day Services as a Continuum

- Adult Day Respite
- Adult Day Services (Social) - ADS
- Adult Day Health Care (Medical) - ADHC

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What are Adult Day Services?

**NADSA - Adult Day Services (ADS) is a system of professionally delivered, integrated, home and community-based, therapeutic, social and health-related services provided to individuals to sustain living within the community.*

Adult Day Services are an alternative community based long-term care option to promote wellness and maintain the quality of life of participants and caregivers alike.

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Adult Day Respite

- ARCH National Respite Network defines Respite as “planned or emergency care provided to a child or adult with special needs in order to provide temporary relief to family caregivers.”
- Licensure/Certification:
  - Requirements vary significantly, often exempt or ‘unofficial’
- Service Delivery: Often through faith-based organizations
- Staffing: Significant use of volunteer staff
- Oversight

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Adult Day Services and Adult Day Health Care

- Adult Day Services generally include Social model, or social based Adult Day Programs while Adult Day Health Care include health related and medical services as well

- Licensure/Certification requirements vary significantly:
  - TN- Undifferentiated licensure with the Department of Human Services (Adult Day Care) for ADS and ADHC (while Respite can be exempt but follows standards if registered)
  - GA- Licensed through the Department of Community Health with differential requirements for Adult Day Care (Social) and Adult Day Health Care (Medical).
  - MI- No licensure, but certification by MADSA for participation in Medicaid Services.
  - CT- Licensure via Department of Aging and Certification approved by CADSA.
  - NY- No Social licensure; ADHC licensed and required association with medical or LTC facility.

- Service Delivery – Structured daily cognitive, physical, social programming to support the needs of all participants. Therapeutic services often included (Art, Pet, Music, Occupational, etc.)
- Staffing – Group Based, 1:8, 1:6, 1:4
- Nutrition – CACFP, Cultural adaptation, specialized
- Oversight

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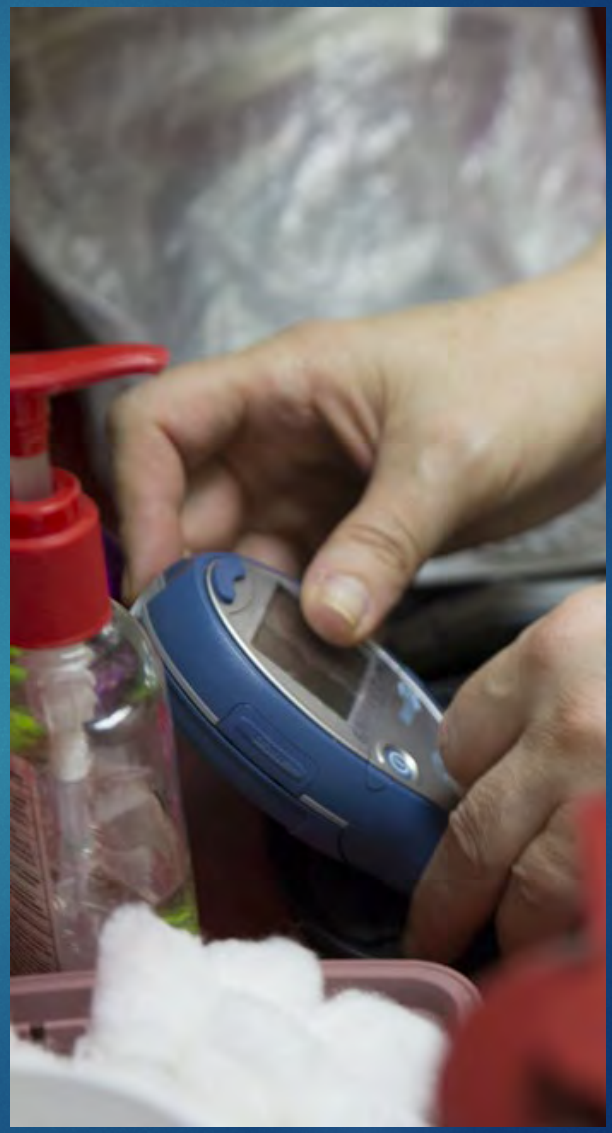
Adult Day Health Care

- Higher Acuity
- Medical Supervision and Nursing Services
- Daily Medical Management and Medication Administration
- Multi-Disciplinary Team (RN, RD, LCSW, etc.)
- Behavioral Modification
- Incontinence Care
- Higher Mobility restriction and Transfer Assistance
- Individualized Care Planning
- Chronic Care Management
- Case Management
- Additional Nutrition Services (Modified Diets, Personalized Meals, etc.)
- Additional Personal Care Services



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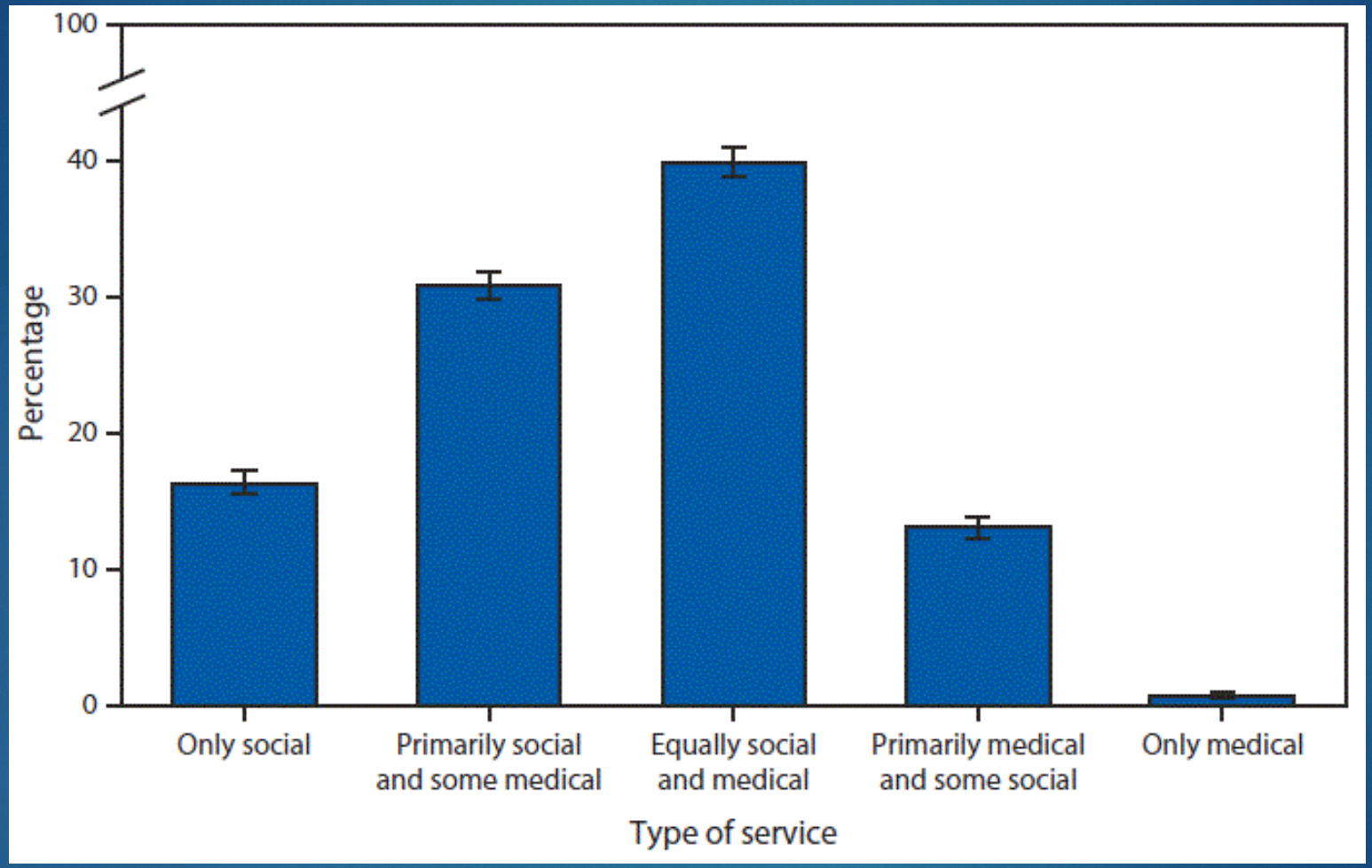
Adult Day Services as a Continuum*



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What is the cost?

Medicaid: Medical and Social Model funding

AAADs – Family Caregiver Support Program: Medical and Social Model funding (OAA)

Long-term Care Insurance – Medical Model and some enhanced Social Models

Veterans Affairs – Expanding through Mission and PACT Acts, Previously Advanced Medical Model only, now open to many more providers and VDC

Private: $50 (ADR) to $125+ (ADHC)/day - Genworth

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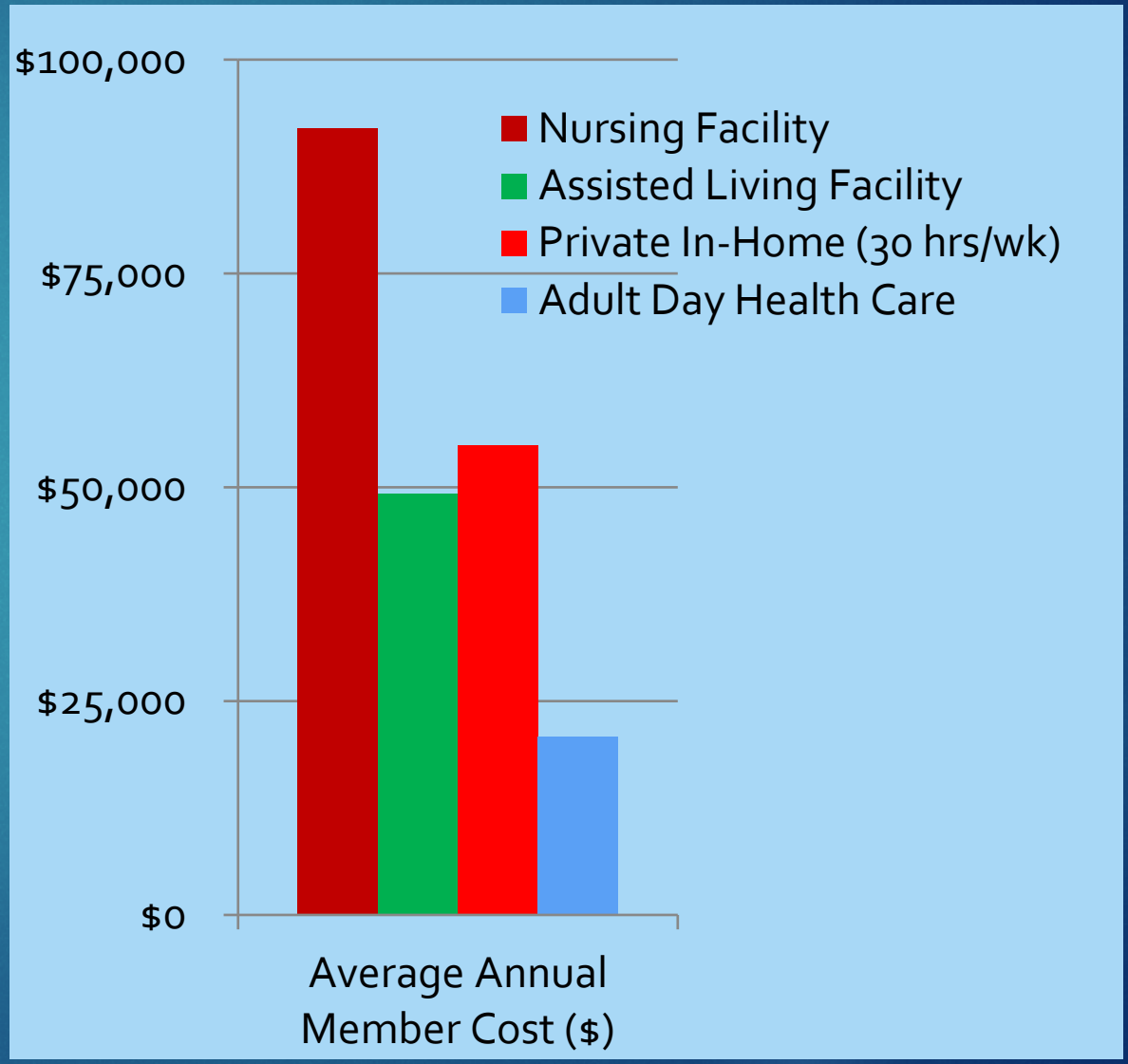
What is the cost?*

Average Annual Savings (per member, vs. nursing facility care)*

- Private SNF: $86,000-$92,000
- ALF: $49,200 (45%)
- In-Home: $54,912 (40%)*
  - 17% increase since 2020; 29% increase since 2018
- Day Care: $20,800 (74%)

*Genworth Annual Cost of Care Survey



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How does it help?

- Study Results
  - 1.5 hours/day of “engaged activity” shows a 20% reduction in cognitive impairment over 3 years. (Weuve, J. et al, JAMA 2004)
  - Daily physical and cognitive activity increased cognitive performance by 43% over 1 year. (Heyn, P. et al, APMR, 2004) as well as increases in strength, balance, endurance, flexibility and agility by 15-45% over 1 year (Kwak, Y.S. et al, IJSM, 2008)
  - Daily exercise can slow progression or improve cognitive function in individuals with dementia. (Stevens, J. et al, Cont Nurse, 2006)
  - 66% Reduction in dementia related symptoms and behaviors on days using ADS (Zarit, S., The Gerontologist, 2013) DaSH 2012-ongoing

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How does it help?

- Study Results
  - Caregivers experience significant reduction in physiological stress and increased mood and sleep when using ADS. (Zarit, S., The Gerontologist, 2014).
  - Lack of meaningful contact with others yields an additional $6/7 billion in federal funds annually (Flowers, L, et.al. AARP Public Policy Institute, November 2017)
  - Day Care vs. Home Care – DC Users showed significantly reduced cognitive and functional decline over 3 years. (Lee. T.W., IJJP, 2019) – S. Korea
  - ADS are well positioned to act as a platform for delivering mental health care to older persons with anxiety or depression. (Dabelko-Schoeny, H., Aging and Mental Health, 2013, 2017)
  - Ongoing extensive research in ADS at dozens of academic institutions including NYU, Johns Hopkins, Ohio State, U. Minn, Ole Miss, Drexel, Emory,U Mass Boston, CSU-San Bernadino, Michigan State, NADSA, and more.

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History and Growth

- Prior to 2000 – Under 1,000 Providers
- 2014 – Roughly 4,600 Providers
- 2020 – Nearly 10,000 Providers*
  - Recent growth has been concentrated in the For-Profit, medical model, and age/diagnosis agnostic spaces
  - Highly fragmented industry (Pro and Con) with highly differentiated centers
  - COVID response – nimble, innovative, proactive, permanent changes (virtual services)

*NPALS 2018

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Who Uses ADS/ADHC?

Anyone over 18, who cannot safely remain alone throughout the day.

- Not just for the elderly with dementia…

Lewy-Body Dementia	Traumatic Brain Injury	Schizo-Effective Disorder
Fronto-Temporal Dementia	Stroke Survivors	Geriatric Depression
Parkinson's Disease	Mental Disabilities	Social Isolation
Vascular Dementia	Alzheimer's Disease	Physical Disabilities
Mild Cognitive Impairment	Cerebral Palsy	Muscular Dystrophy
Pick's Disease	ALS	Down Syndrome
Morbidly Obese	Diabetics	Autism Spectrum Disorder

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Diversification of Services

- Growth Areas
  - For Profit
  - Medical Model (and ‘middle ground’)
  - IDD Market
  - Additional HCBS Services
  - Culturally and Linguistic Appropriate Services
  - Post-Acute Collaboration
  - Sophistication and Standardization

Value based care!

NADSA Standard Outcomes Project: 2021-2026

- Organizational Data
- Detailed Demographics (matched populations)
- High-Cost Health Care Utilization
  - ER use, Hospital admission, LOS, readmission, fall (with injury), SNF Placement, Hopsice/Palliative Care Use, Medication use, etc.
- Participant Data
  - ADLs (Katz), iADLs (Lawton), Depression (GDS-15), Loneliness (UCLA-8), Fall Risk (Hendrich II), Cognition (SLUMS), Physical Health (OTSPHS), Pain (NRS), Nutrition (DETERMINE).
  - SDOH (Housing, Nutrition, Transp., Medication, Personal Care, Healthcare and Legal Access – Modified AHC-HRSN)
- Caregiver Data
  - Physical Health (OTSPHS), Caregiver Burden Index (Modified Zarit Burden Index)
  - SDOH (Housing, Nutrition, Transp., Medication, Personal Care, Healthcare and Legal Access - Modified AHC-HRSN)

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NADSA Standard Outcomes Project: 2021-2026

- Developed in early 2021
- Launched for Alpha testing in July 2021
- Beta Testing October 2021-October 2022
- Full release: January 2023
- Enrolling and educating providers across the US – In Process
- Actively partnering with Academic Institutions for funding and partnership opportunities
- Expected to produce large scale longitudinal data as of 2025

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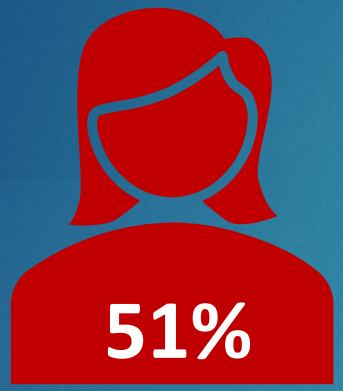
Preliminary Data 2023

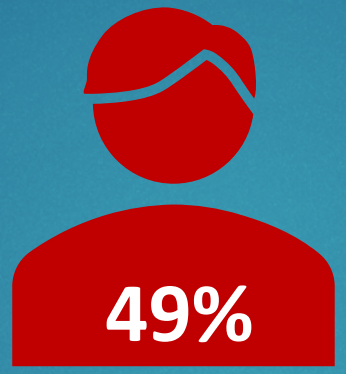
As of July 31, 2023. All data are preliminary. Statistical significance will increase as sample size grows. Based on **500+ total participants** (22 sites)

Demographics



51%

women



49%

men

21%

veterans

Race

White	**40%**
Black	**20%**
Other Minority	**13%**
Missing Data	**17%**

Primary Language

English	**81%**
Spanish	**13%**
Other	**2%**
Missing Data	**4%**

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Based on **500+ total participants** (22 sites)

Preliminary Data 2023

As of July 31, 2023. All data are preliminary. Statistical significance will increase as sample size grows. Based on **500+ total participants** (22 sites)

Quantitative Description

89%
Live with someone else

69%
show no signs of geriatric depression (GDS-15)

77%
determined to have high nutritional risk (DETERMINE)

93%
Are Dependent for iADLs (Lawton)

53%
require ambulatory assistive device

63%
determined to have a high fall risk (Hendrich II)

55%
diagnosed with some form of dementia (SLUMS)

72%
Are dependent for ADLs (Katz)

Preliminary data demonstrate the high acuity and need of individuals served in ADS across the US. Additional data will highlight the longitudinal benefits to participants, caregivers, and community as well as the cost savings to all pay sources.

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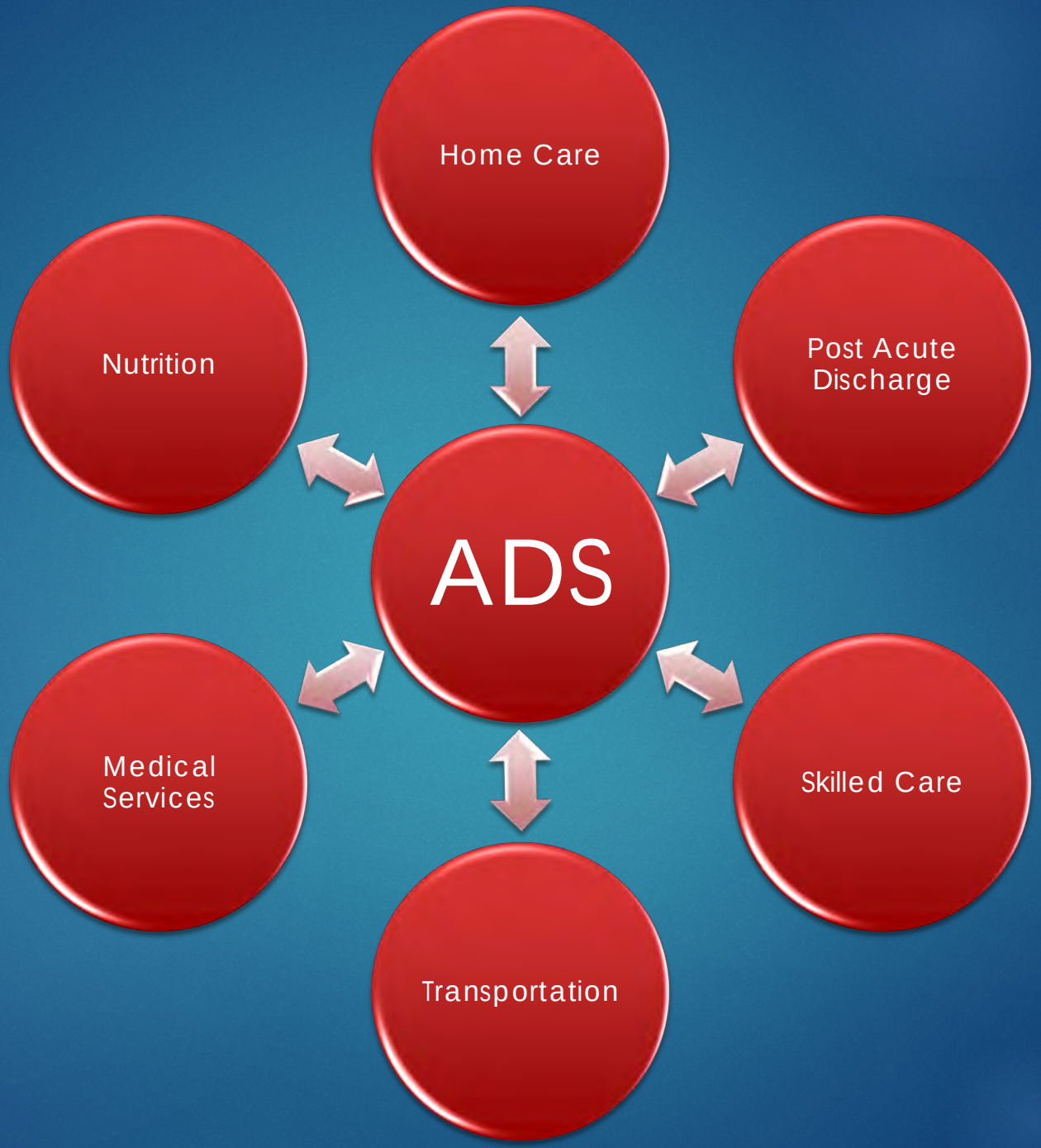

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References and Resources

- Genworth Cost of Care
  (https://www.genworth.com/aging-and-you/finances/cost-of-care.html)
- NPALS
  (https://www.cdc.gov/nchs/npals/about_npals.htm)
- NADSA
  (https://www.nadsa.org)
- ARCH ADS Fact Sheet
  (https://archrespite.org/images/docs/Factsheets/ARCH-Adult_Day_Services.pdf)
- Annotated Bibliography
  (https://www.nadsa.org/research/)

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THE $ VALUE OF CULTURAL AND LINGUISTICALLY APPROPRIATE CBO'S

(VALUABLE COMMUNITY BASED ORGANIZATIONS…HAVE *CLAS*)

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C.L.A.S. = Culturally and Linguistically Appropriate Services

What is the "culture" of your organization? Is it reflective of your Staff or Clients?

What language do you speak during activities, in the majority, in your center?

What type of food do you serve? How is this food served?

What Special Events and Holidays do you celebrate? When do you close?

WHY IS RECOGNIZING & IDENTIFYING YOUR CENTER'S ACTUAL "CULTURE" IMPORTANT?

There is **VALUE** (**monetary** and in **specialty status**) in being identified as "the best" in your special field (even if it's only by default!)

COMPLIANCE with PCC, HCBS, 1115 Waiver. "Provider Cultural Competence" is defined as the ability of providers to effectively deliver health care and social services that meet the social, cultural, and linguistic needs of patients.

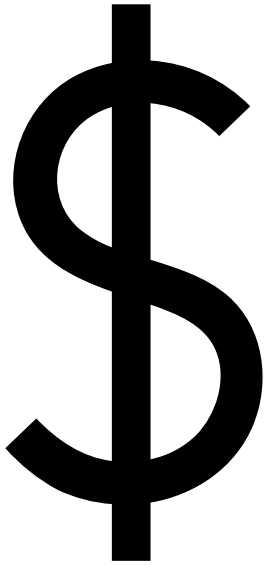
Meeting your group's expectations and following their "dos and don'ts" can **INCREASE** the flow of happy **customers,** and their peers, **though your doors.**

THE GOAL OF VALUE-BASED PAYMENT IS TO IMPROVE THE QUALITY OF CARE WHILE CONTROLLING COSTS.

Cultural and linguistic appropriate care can be used as a value-based payment metric in the form of **bonuses** or **penalties,** under risk-based contracts

One approach is to include it as a component of quality measures.

For example, healthcare providers are assessed on their ability to provide care in the patient's preferred language, or on their ability to recognize and respect the patient's cultural beliefs and practices. You can help with this.



Another approach is to use cultural and linguistic appropriate care as a performance indicator.

For example, healthcare payors may have a financial incentive for providers to improve their cultural and linguistic competence, or for implementing person-centered services. You can provide training and service collaboration on this.

Value-Based Pricing is based on three principles:

(1) PATIENT VALUE,

- How many leaps and bounds do YOU have to go through to get the metric completed for <u>each</u> patient?

(2) HEALTHCARE SYSTEM VALUE

- What is the <u>financial</u> gain for the healthcare provider to complete this metric?

(3) SOCIETAL VALUE

- What is the <u>purpose</u> of this metric towards the betterment of the community?

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How Much Can You Charge?

IF PAYORS KNOW ENCOURAGING DAILY EXERCISE MAINTAINS & EVEN IMPROVES FUNCTIONAL STATUS . . .

How much does it cost you to help? $

How much $ is being saved by doing it ? +

How much of that $ is yours? =

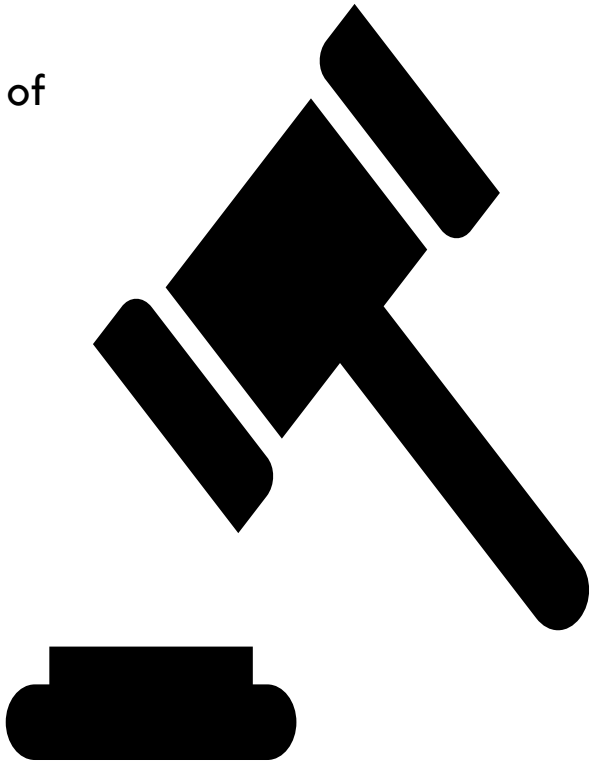
HOW MUCH WOULD YOU CHARGE COMPANIES FOR HELPING ACHIEVE THESE INDIVIDUAL METRICS ?

Cultural Compliance = Contracts

Compliance with Person-Centered Care:
patient centered approach relies on identifying and negotiating different styles of communication, decision-making preferences, roles of family, sexual and gender issues, and issues of mistrust, prejudice, and racism, among other factors.

Compliance with HCBS Final Rule:
In addition to the settings standards, the federal HCBS Final Rule also requires a person-centered planning process. This process must take into consideration the culture of the person served.

Compliance with NYS Department of Health & 1115 Waiver Demonstration
To Incorporate principles of implicit bias and cultural sensitivity training for all member-facing staff, the cultural competency notice can be found on the Information for Health Plans page on the Department's website: Cultural Competency Training for Participating Providers.



JUST A NOTE ABOUT CLAS (National Standards For *Culturally* And *Linguistically* Appropriate Services) training In Health Care

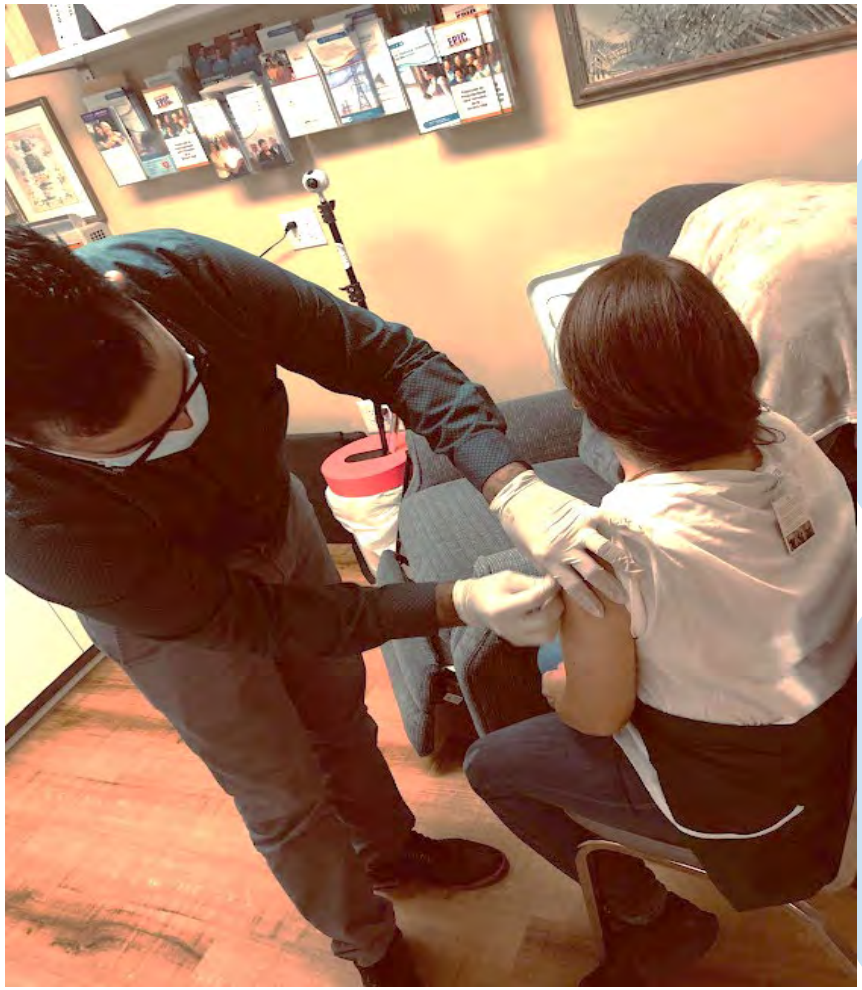
Think Cultural Health is an Office of Minority Health's (OMH) initiative /website that provides health and health care professionals with information, continuing education opportunities, and resources to learn about and implement CLAS and the National CLAS Standards

https://thinkculturalhealth.hhs.gov/education

They Have Training On:

- ADDRESSING Framework
- Arthur Kleinman's Eight Questions
- CLAS, Cultural Competency, And Cultural Humility
- Combating Implicit Bias And Stereotypes
- Communication Styles
- Effective Cross-Cultural Communications Skills
- How To Better Understand Different Social Identities
- Providing CLAS
- The RESPECT Model
- Working Effectively With An Interpreter

Knowing Your Seniors = Supporting Your Clientele towards reaching their goals



Intercultural COMMUNICATION requires KNOWLEDGE of diversity in motivational models.

Motivation is what MOVES people to ACTION and depends highly on cultural context.

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LET'S FACE IT – IT'S ALL ABOUT HAVING MANY HAPPY CUSTOMERS

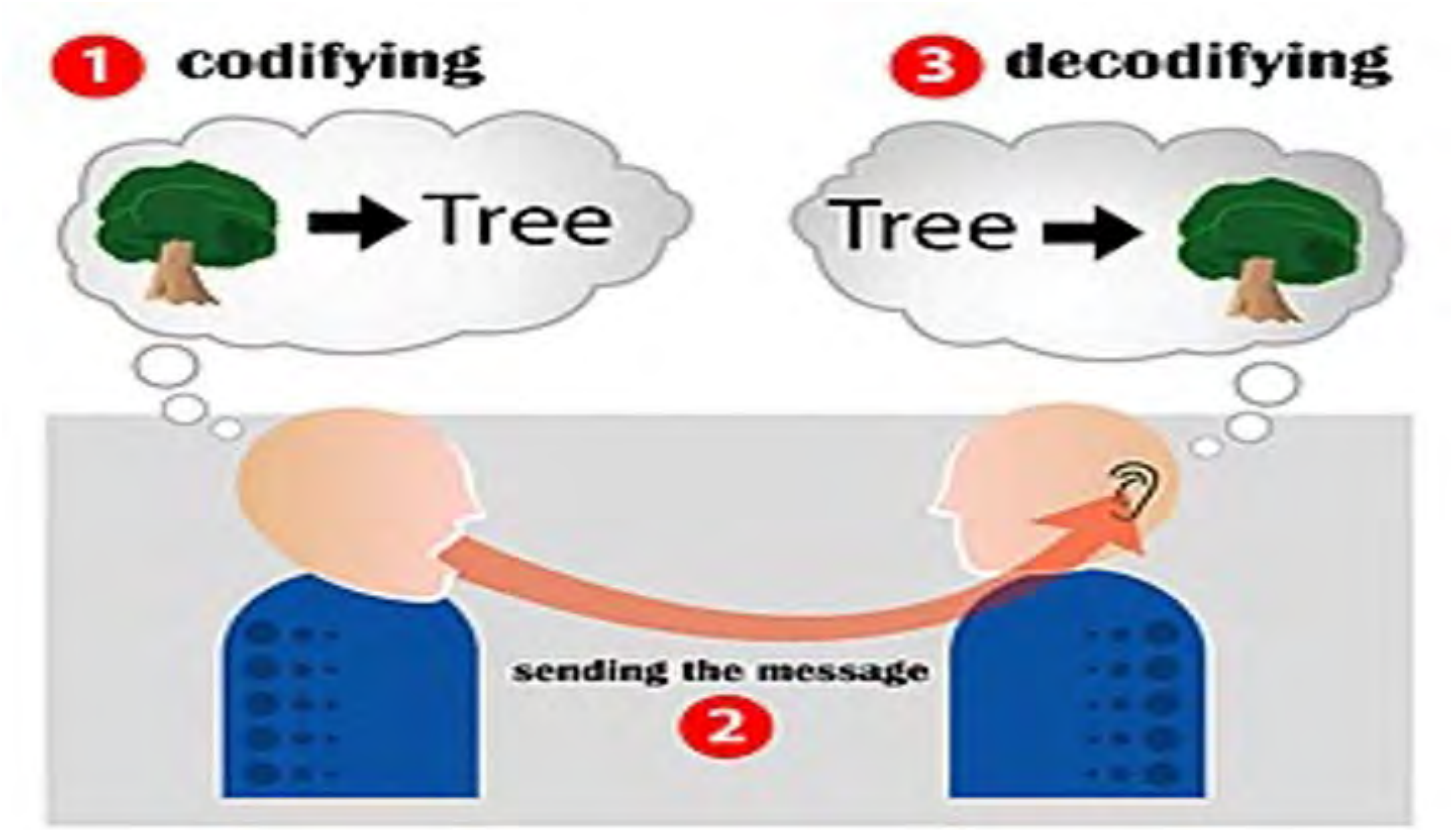
But how do you COMMUNICATE with your customers if you are separated by culture or language?

WHAT'S ACTUALLY CONSIDERED COMMUNICATION ?

Communication is much more than just words…

COMMUNICATION IS THE ART OF TRANSMITTING KNOWLEDGE, IDEAS, INFORMATION AND THOUGHTS FROM ONE PERSON TO ANOTHER.

THE TRANSFER SHOULD BE SUCH THAT THE RECEIVER UNDERSTANDS THE MEANING AND THE INTENT OF THE MESSAGE AND GIVE PROPER FEEDBACK



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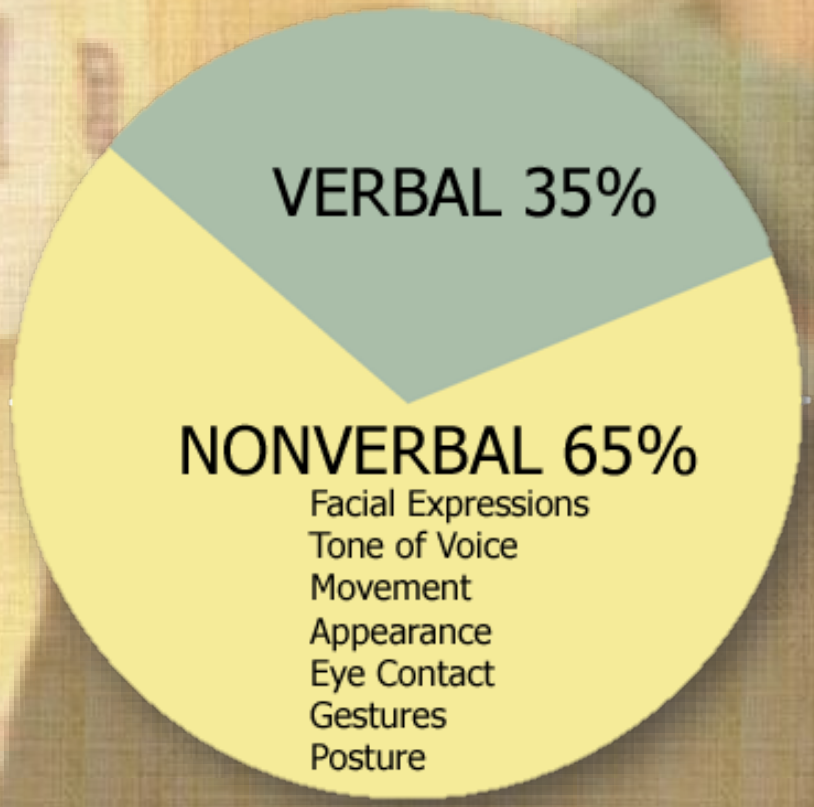
COMMUNICATION IS ALSO…



Country of origin, education, and income level make all the difference in communication.

Cultural competence emphasizes the knowledge of the person **in the majority**.

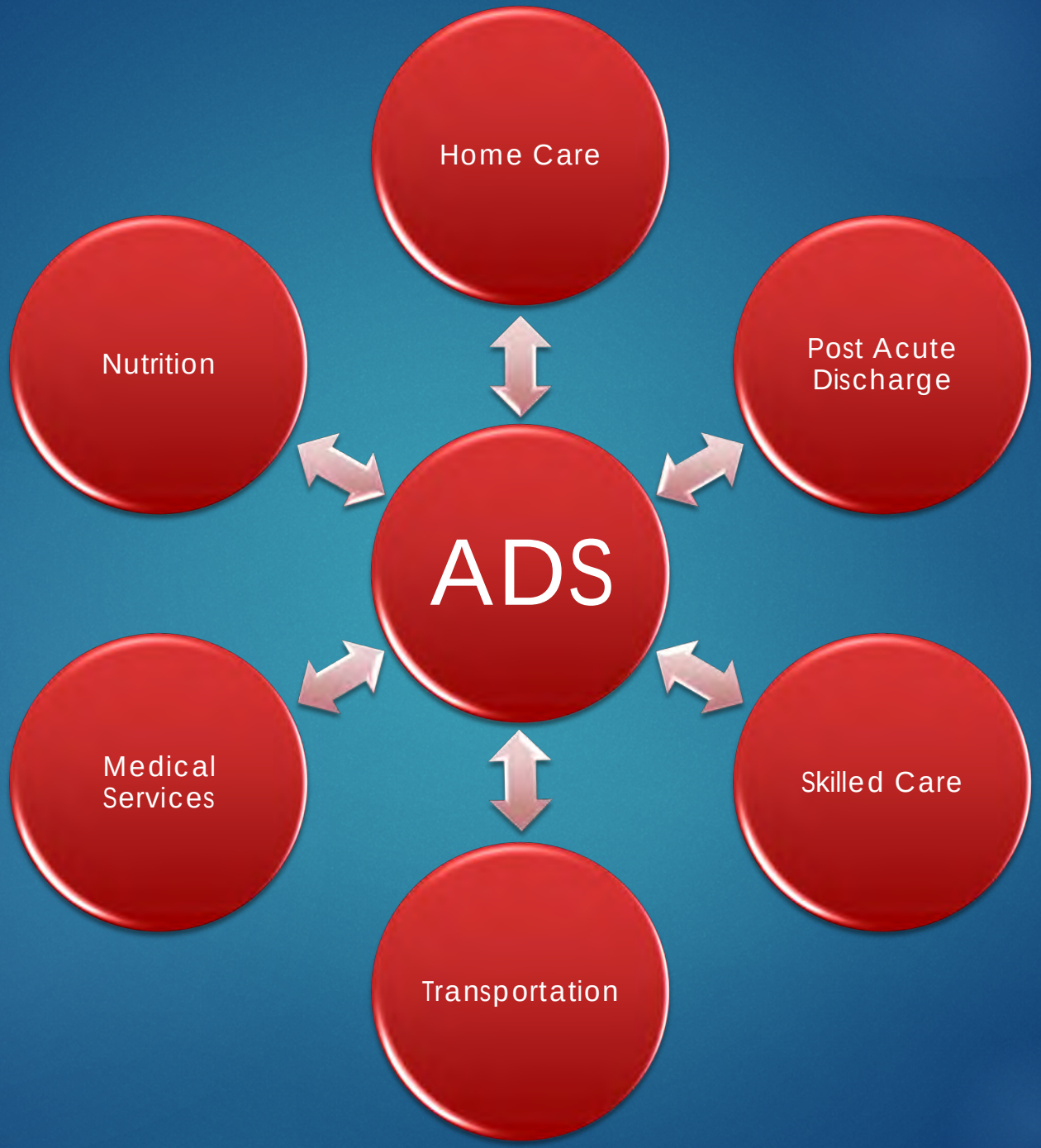
Cultural humility, however, allows other people to share **their own** experiences.

DISCLAIMER TO REMEMBER:
You may find that culture has no effect on the circumstance — or may affect it in a totally unexpected way.

So, Stay Humble

¡GRACIAS!

Diversity is the one true thing we all have in common. Celebrate it every day!



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ADS is the platform for care delivery in every community!

Thank you!

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