



Adult Day Health Services Across States: Results from a 50-State Survey of State Health Policies

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CSHP and Long-term Care

- The New Jersey Senior Initiative Project
 - Nursing Home Transition project
 - Assisted Living
 - Client-Employed Provider Program
 - Medical Day Care
- Immunization of 65+ Hospital Patients
- Respite Care
- Caregiver Training Evaluation

Examining New Jersey: Why the Project Began

- Profile of clients
- Better understanding of where costs are going
- What services clients are receiving

Examining New Jersey: How the 50 State Project Began

- Examine Administrative Data
 - Lack of data for non-Waiver clients
- Review of other studies and pertinent literature
- Work with an advisory group of NJ providers for guidance and to determine if comparable multi-site client-level data is available
- Design state policy survey

Methods

- March of 2001 and ending in March 2002
- All 50 states
- Adult Day Health Service (ADHS) programs
 - Included medical and combined only
 - Did not include social only programs
- Multiple methods were used to collect data
 - Telephone interviews with state officials
 - Reviewing public documents such as regulations and program standards.

Methods: Survey

Information included:

- Type of funding associated with ADHS
- Program eligibility
- Assessments used
- Monitoring and licensure
- Services provided
- Reimbursement
- Expenditure
- Estimated number of facilities & participants.

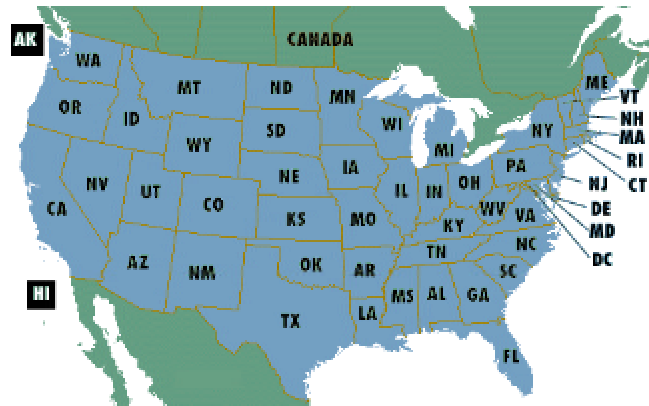
Methods: Validation

- To insure the quality of the data, a validation process was completed.
- March 2002 through September 2002
- All previously submitted and abstracted data was compiled and re-submitted back to the States for changes and verification
- Submitted to the key program person as well as an Assistant Commissioner (or equivalent) for sign-off

Survey Limitations

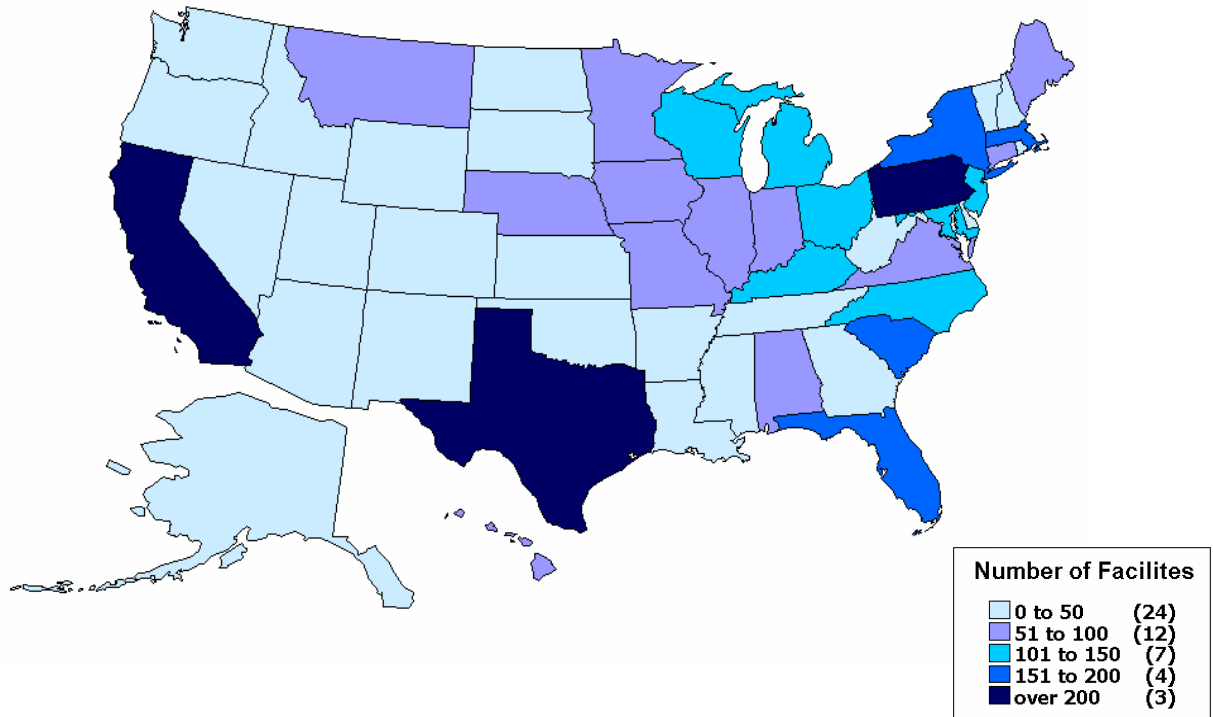
- Limited to publicly funded programs
- Excluded social programs-limited to medical or combined programs
- No standard department across states
- Policy creep-policies change or differ in practice and over time.
- Definitions and terminology across states are not uniform
- Variation in the presence of state associations

A National Perspective On Adult Day Health Service Programs



The next several slides will report on adult day health services information derived from 46 states. Four states (Idaho, Tennessee, Utah, and Wyoming) were excluded from our analysis because they reported having only social adult day care.

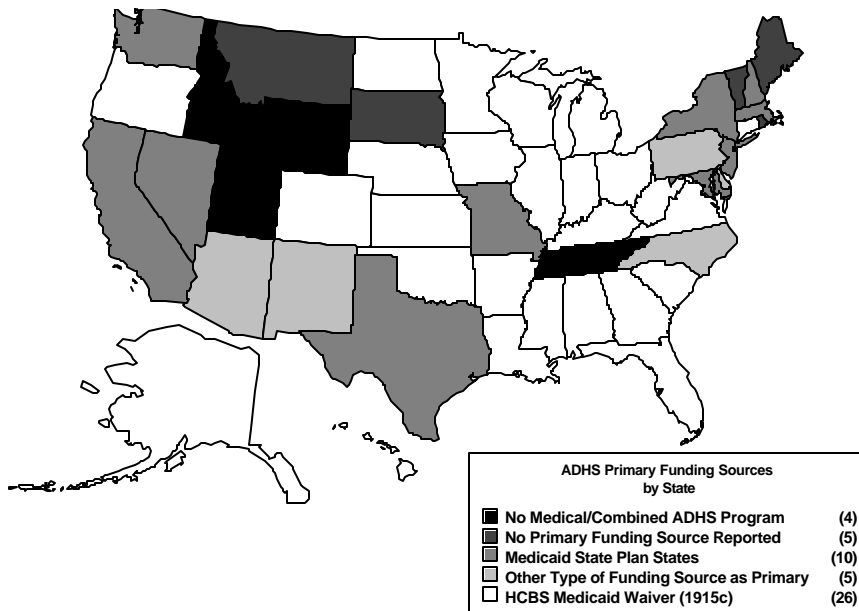
Number of Adult Day Health Service Facilities*



*Number of facilities as reported by each state.

- Looking at only the number of facilities per state, we see that almost half ($n = 24$) of states have less than 50 adult day health facilities.
- Three (3) states (i.e., TX, CA, and PA) have over 200 adult day health facilities.

Primary Funding Sources For ADHS



This map represents the type of primary funding source reported by states (not facilities--but state programs). By primary funding we mean the one source that states mentioned as being the largest expenditure for adult day health services.

- The majority of states (n = 26) reported the HCBS Waiver as the primary funding source for ADHS. About 13 states also mentioned the HCBS Waiver as a funding source for ADHS but for these states the Waiver was not their primary funding.
- Following the HCBS, the next most common primary funding source is the Medicaid State Plan (n=10).
- A portion of states (n= 5) reported other types of primary funding sources and those included Title III, Area on Aging Block Grants, State Adult Day Care Funds and/or Home Community Care Block Grants, or Pre-Pace.

Additional Funding Sources Reported by States

- Older Americans Act
- Social Security Block Grants
- Veteran's Administration
- Title III-E
- Local/city grants or levy
- Tobacco Settlement Funds

Most states mentioned multiple funding sources for adult day health. Some other additional funding sources mentioned by states in addition to the primary funding source previously presented include:

- Older Americans Act
- Social Security Block Grants
- Veteran's Administration
- Title III-E
- Local/city grants or levy
- Tobacco Settlement Funds

ADHS Program Goals

ADHS Purpose/Goal	Times Mentioned
As social and/or health support services	22
To maximize optimal health functioning and independence	19
As respite/relief for families and/or caregivers	14
As an integrated service within home and community based care	9
As rehabilitation or re-training of impaired functions	9
As an alternative to or delay of institutional care.	7
As a preventative health service	3

Many states document or report specific goals or purposes for adult day health. An analysis of the 46 states contacted showed that most states reported multiple purposes for ADHS. These goals and purposes were categorized and ranked by the number of times each goal and purpose was mentioned by states.

The top three most mentioned purpose of ADH were:

- A way to obtain social and/or health support services.
- A way to maximize optimal health functioning and independence.
- A way to provide relief for families and caregivers. This was usually mentioned in addition to another goal or purpose. No state mentioned this as the sole reason for ADH.

ADHS Medical Eligibility

The majority of states with the HCBS Waiver as a funding source for ADHS rely on the Waiver eligibility criteria for ADHS. Specifically:

- 20 states reported the Waiver criteria as the only medical eligibility requirements for ADHS.
- 17 states reported Waiver criteria and additional ADHS specific medical eligibility criteria.
- 9 states reported only ADHS specific medical eligibility criteria.

Note: Number of states represented here is 46. TN, WY, ID, & UT were excluded.

When looking at the eligibility criteria for ADHS, we notice that the states with the HCBS Waiver, mainly rely on the Waiver criteria as the sole criteria for ADHS eligibility. In fact,

- 20 states reported the Waiver criteria as the only medical eligibility requirements for ADHS.
- 17 states reported Waiver criteria and additional ADHS specific medical eligibility criteria.
- 9 states reported only ADHS specific medical eligibility criteria.

ADHS Medical Eligibility continued...

Those states that reported ADHS specific medical eligibility mentioned one or more of the following criteria:

- Functional impairment
 - limitation in the performance of activities of daily living
- Medical condition
- Cognitive impairment
- Physician authorization or other authorization process (including prior authorization)
- Currently/future needs nursing facility level of care.

Those states that reported ADHS specific medical eligibility mentioned one or more of the following criteria:

- Functional impairment. Mainly individuals should demonstrate a limitation in the performance of activities of daily living
- Medical condition-and that includes conditions that require treatment or rehabilitation (e.g., CA, MA, NV) or be diagnosed with a chronic condition (e.g., NH, TX) requiring care from a nurse.
- Cognitive impairment such as Alzheimer's or non-Alzheimer's dementia.
- Physician authorization (e.g., MD, NJ, NV, NY, TX, WA) or other authorization process and this includes prior authorization. For example, in CA a Medi-Cal consultant must authorize ADH services.
- And finally, less often mentioned but still reported is that individuals must either be currently in need of NF level of care (e.g., MI) or is at risk of needing NF LOC without ADH services (e.g., NV).

Assessment of ADHS Clients

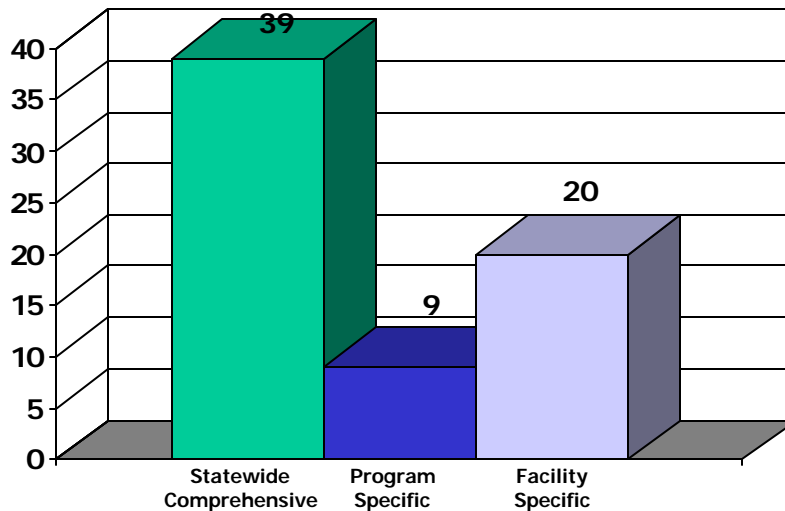
Three types of assessments:

- Statewide Comprehensive (SC) -any assessment used by more than just the ADHS program and required for all to use by the state.
- Statewide Program Specific (PS)-an ADHS-specific assessment that the state requires for all ADHS programs/providers to use.
- Facility Specific (FS) - an assessment that is not required/mandated by the state, but chosen by the facility.

The majority of states utilize some type of assessment process as a pre-admission screen, to develop plan of care, or to establish level of care/level of need. We identified three types of assessments used by states that relates to adult day health services:

- Statewide Comprehensive (SC) -any assessment used by more than just the ADHS program and required for all to use by the state.
- Statewide Program Specific (PS)-an ADHS-specific assessment that the state requires for all ADHS programs/providers to use.
- Facility Specific (FS) - an assessment that is not required/mandated by the state, but chosen by the facility.

Number of States Using Each Type of Assessment



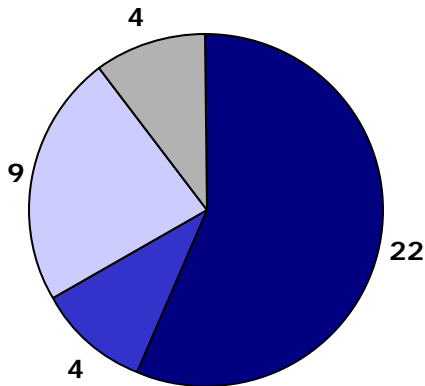
- 39 of the 46 states use statewide comprehensive assessments.
- Only 9 states use an adult day health program specific assessment and these states include MD, NH, NY, RI, TX, VT, WA, SD, IN. WA- Older Adult Resource Survey (OARS) Revised, SD -Adult Day Care Assessment
- 20 states reported that they had facility specific assessments.

More

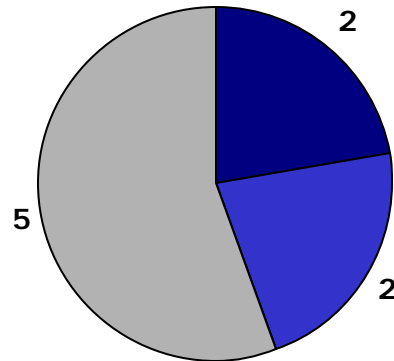
states may have ADHS facilities that use these kinds of assessments but because they are not state mandated, the individuals we spoke to may not have been aware of the kinds of assessments facilities use on their clients.

Who Conducts the Assessments

Statewide Comprehensive



Program Specific

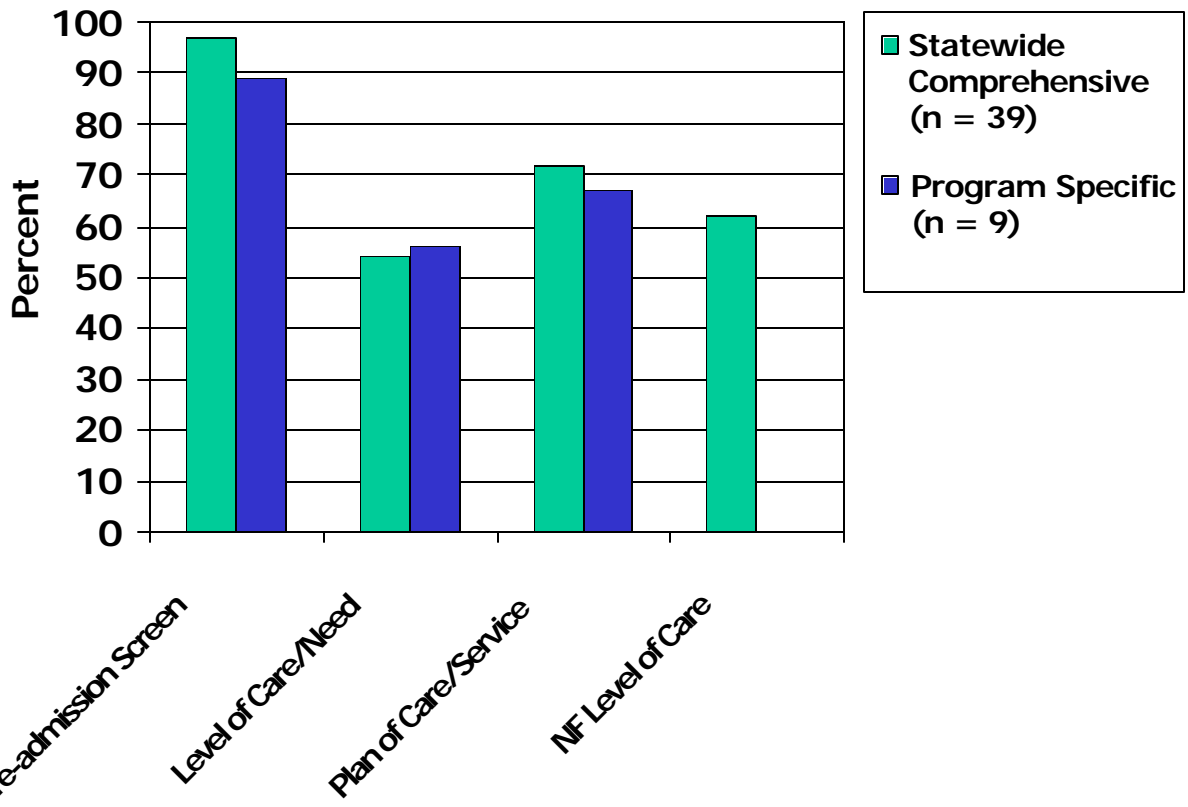


- State Staff (e.g., RN, SW) or Case Manager
- Multidisciplinary Team
- Contracted Agency
- Center/Provider Staff

Here is a comparison of who typically conducts a statewide comprehensive assessment and a program specific assessment.

- Statewide comprehensives are mainly conducted by state staff or case managers (n=22), while program specific assessments (meaning adult day health specific assessments) are done mainly by center staff, typically a nurse or a social worker (n=5).

Uses for Client Assessments



Note: The total number of states represented here is 46. Some states use both a statewide comprehensive assessment and a program specific assessment.

States reported using client assessments for a variety of purposes, i.e., determination of eligibility (DOE), determination of need (DON), pre-admission screen (PAS), level of care (LOC), nursing facility level of care (NF-LOC) criteria/screen, client functional-medical status and plan of care (POC).

- Statewide comprehensive assessment instruments are used by states mainly as a PAS (n = 38, 97%) and to develop a POC/POS (n = 28, 72%).
- Program specific assessment instruments are also primarily used for PAS (n = 8, 89%) and to develop a POC/POS (n = 6, 67%). However, unlike statewide comprehensive assessments, which are mainly used for an array of long-term care services, program specific assessments are used as PAS, POC, and LOC for only the adult day service program.

Examples of Statewide Comprehensive Assessments

State	Assessment Instrument Name	Administered by
Alaska	AK Long Term Care Assessment (ALTCA)	Waiver certified care coordinators
Colorado	Uniform Long Term Care Assessment (ULTCA-100)	Case managers administer and the PRO scores
Connecticut	Modified Community Care Assessment	Case managers from an access agency
Illinois	Determination of Need (DON) with the Mini-Mental Status Exam	Case managers from Case Coordination Units
Kansas	Uniform Assessment Instrument (UAI)	Case managers
Oklahoma	Uniform Comprehensive Assessment Tool (UCAT)	Initially an RN. Waiver case manager updates.
Oregon	Client Assessment & Planning System (CA/PS)	Case managers from the Division of Seniors & People with Disabilities.

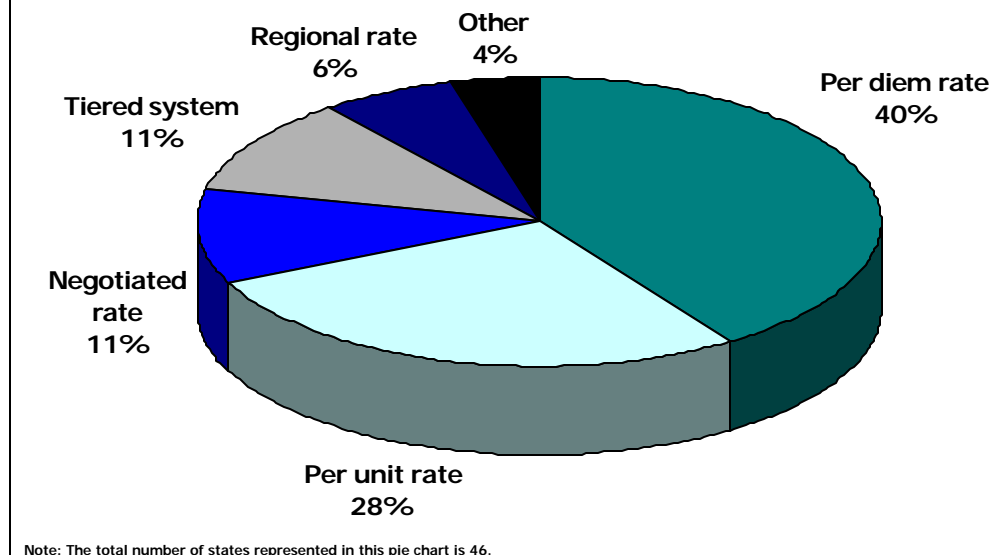
Here are some examples of statewide comprehensive assessment instruments reported by states.

Examples of Program Specific Assessments

State	Assessment Instrument Name	Administered by
Rhode Island	Minimum Data Set-Home Care (MDS-HC)	Social or medical member of ADHS facility (RN or SW)
Indiana	Adult Day Services Level of Service Assessment	Case manager initially, case worker re-assesses
New York	Registrant Assessment Instrument (RAI)	ADHS RN who is employed by the ADHS Program
Washington	Older Adult Resource Survey (OARS)-Revised	ADHS center staff
South Dakota	Adult Day Care Assessment	ADHS program manager or coordinator
Texas	Health Assessment/Individual Service Plan Form -3050	Licensed nurse

Here are examples of program specific assessment instruments reported by certain states.

ADHS Reimbursement Method by Percent of States



- The majority of the 46 states use a per diem reimbursement method (n = 19, 40%).
- 13 states (or 28%) use a per unit rate and these include AR, CO, FL, KS, MI, IA, IL, AZ, ME, MO, MT, VT, SD.
- 5 states use a tiered system—meaning, higher care/need, higher rate--and these include GA, IN, KY, OH, and NM.
- A few states reported using a negotiated rate (5 states or 11%--ND, OR, WI, DE, PA)--usually between facilities and a respective Department --and a regional rate (3 states or 6% --AK, HI, VA) --where certain regions are reimbursed more or less than others.

Note: Some states combine reimbursement methods. For example, MN uses both a per diem rate and an per unit rate, while Washington uses a regional rate and a per diem rate, where they have a set per diem rate but it varies depending on the region of the state the facility is located (metropolitan versus non-metropolitan).

ADHS Reimbursement Rates 2001-2002

- Per diem rate
 - for a 4 hour day, the range can be as low as \$13.87 (AL) or as high as \$66.56 (CA)
- Per unit rate
 - Units can range from 15 minute intervals to 4 hour intervals
 - Rate for smaller intervals- \$5.25 for 15 min. (FL)
 - Rate for larger intervals - \$13.78 for 1 to 4 hr units (KS)
- Tiered system
 - Based on assessed need -more need/care,higher rate.
 - Ex. For half day, Level 1 (Basic) \$20.00, Level 2 (Enhanced) \$26.25 and Level 3 (Intensive) \$31.25. (IN)

Some examples of actual rates under the per diem, per unit, and tiered reimbursement systems.

Select ADHS Services

Services	Transportation	Skilled Nursing	Medication Management	PT & OT Rehab
Included in the basic rate	AL ¹ , CA, CT, DE, FL, GA, LA, ME, MD, MI, MS, MO, NV, NJ, ND, NM, OK, RI, SC, SD, TX, VT, WI N=23	CA, HI, KY, OH, MA, NE, TX, VA, WA, N=9	AR, AZ, CA, CO, CT, DE, GA, HI, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MS, MO, NE, NV, NH, NJ, NM, NC, ND, NY, OH, OK, OR, PA, RI, SC, SD, TX, VT, VA, WA, WV, WI N=41	AR, CA, CT, DE ¹ , MA, MD, MO, NM, OH, NH, ND, NJ, NM, NY, OH, VA, VT, WA, WV, WI N=20
Additional fee	AL ¹ , AK, AZ, AR, CO, HI, IL, IN, KY, KS, OH ¹ , MA, MN, MT, NE, NH, NC, VA, WA, WV N=20	AK, IL, SC N=3	AK, FL N=2	AK, AL ¹ , GA, KY, KS, HI, IL, MN, MT, NC, VN, OK, RI N=13
Not provided	IA ² , NY ² , PA ² , OR ² N=4	AL, AZ, AR, CO, CT, DE, FL, GA, IA, IN, KS, LA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NH, NJ, NM, NV, NY, OK, OR, PA, RI, SD, VT, WI, WV N=34	AL, IA, MT N=3	AL ¹ , AZ, CO, DE ¹ , IA, IN, LA, ME, MS, NE, PA ² , OR, SC, SD, TX N=15

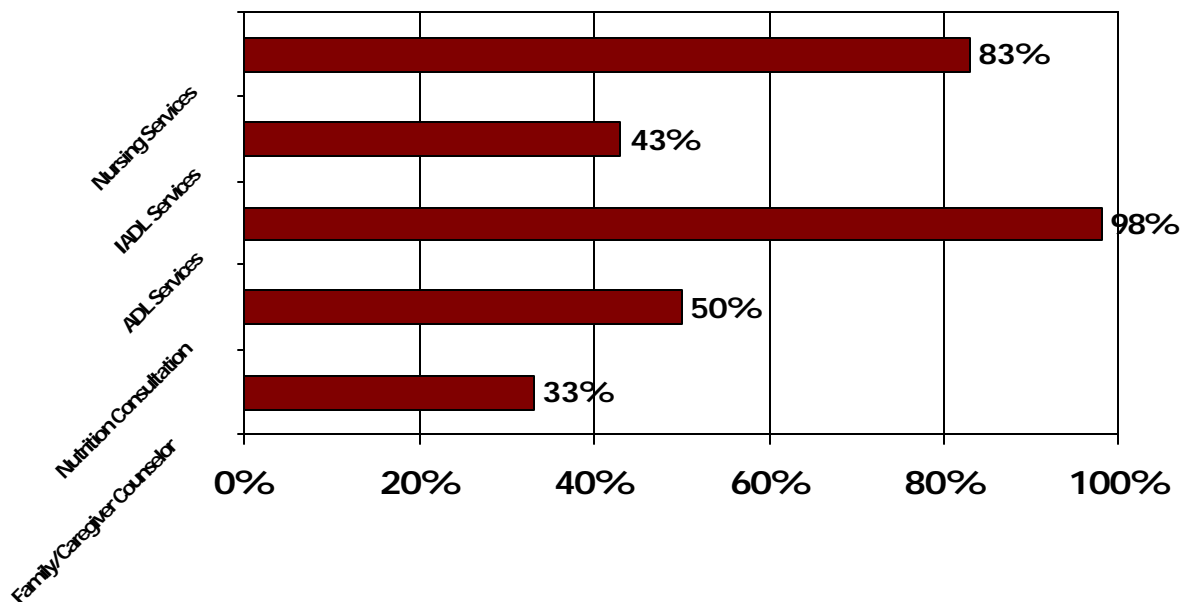
¹Funding source affects whether the services are included

²Not provided unless negotiated within their reimbursement rates.

Here are some key services that may or may not be reimbursed under a state's basic reimbursement rate. For some states the funding source affects whether a particular service is included or not (these are noted by a 1 superscript).

- The majority of states include transportation under the basic rate (n = 23). Others may reimburse it as a separate fee (n=20), usually through another source of funding. Still other states do not reimburse for transportation unless it's negotiated within their rates (these are noted by a 2 superscript).
- Not too many states reported reimbursing for skilled nursing services under the basic reimbursement rate (n=9). In fact, most states actually reported that it's not provided at all in ADHS centers.
- An overwhelming majority of states offer medication management as part of the basic reimbursement rate (n=41). Only a few states reimburse it at an additional fee or not provide it at all.
- Most states reported reimbursing rehabilitation services under the basic rate (n = 20), followed closely by states who don't reimburse for this service at all within ADHS centers (n = 15).

Other Services Reimbursed Under the Basic Rate

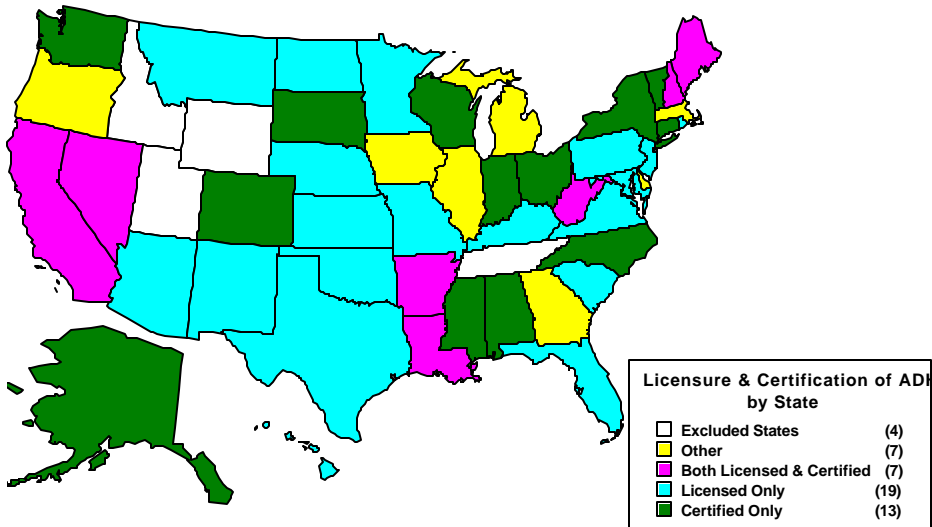


Note: The total number of states represented in this bar chart is 46.

States reported a number of other services that are reimbursed under the basic rate.

- 45 of the 46 states (or 98%) reported reimbursing for activities of daily living (ADL) services.
- 38 states (or 83%) reported reimbursing nursing services under the basic rate.
- Only half of the 46 states (or 50%) mentioned reimbursing for nutrition consultation, and even fewer states reported reimbursing for instrumental activities of daily living (IADLs) services (n=20, 43%) and family/caregiver counselor (n=15, 33%).

Licensure & Certification Status of ADHS



When we looked at the licensure and certification status of ADHS facilities in each state, we found that:

- 19 states license facilities only.
- 13 states certify ADHS programs without licensure.
- 7 states both license and certify ADHS program/facilities.
- And finally, about 7 states neither certify nor license but may have some type of approval/agreement process. For example, GA, MA, & IL have an approval process, while DE has an annual review.

State Monitoring of ADHS Programs and Facilities

- Most states monitor ADHS facilities and ADHS programs (n= 35); few monitor only facilities (n=9).
- Most states conduct facility and program monitoring together (n=19); while other states monitor separately (n=16).
- Most states monitor annually (n =29); only a few every 2 or more years (n = 3).
- A few monitor more frequently such as monthly or on a quarterly basis (n =7).

With certification and licensure usually comes some type of monitoring process.

- Most states monitor ADHS facilities and ADHS programs (n= 35); few monitor only facilities (n=9).
- Most states conduct facility and program monitoring together (n=19); while other states monitor separately (n=16) and by separately, we mean 2 different departments conduct monitoring for facilities and for programs and/or it's done at separate times.
- Most states monitor annually (n =29); while others every 2 or more years (n = 3).
- Few monitor more frequently such as monthly or on a quarterly basis (n =7)

Ways ADHS Are Monitored

Facilities

- On-site visit- inspection of physical plant
- On-site visit-completion of assessment/survey demonstrating compliance with regulations /standards.
- No site visit-facility completes assessment/survey showing compliance with regulations/standards.
- Licensure process/renewal (facility submits contract)
- Inspection/evaluation of proper documentation

Programs

- Interviews/visits with clients at home or at the center.
- Review of client records/files (for appropriate care)
- Review of client's plan of care.
- Utilization review of clients-meets eligibility criteria and/or attendance monitoring.
- Interview with staff and/or review of staff qualifications and training needs.
- Observation of program operations.
- Review of rates paid to providers.
- Request for monthly client data or self-evaluation by the provider.

Some ways ADHS facilities and ADHS programs are monitored by states include:

- For facilities, the most common way is to conduct on-site inspections of the physical plant. Some states also include an assessment or survey within their on-site visits. Still a few states don't go on-site at all but monitor by gathering documentation from facilities showing compliance.
- For programs, monitoring is more involved and it can include on or off site reviews of client files and/or care plans for appropriate care. Some states perform observations or interviews with clients and staff.

Lessons Learned

- While there are similarities across states, each state's program and structure is unique.
- More than half of the states use the HCBS Medicaid Waiver as a primary funding source
- A number of states have quality assurance in terms of monitoring and client level assessments

- The tremendous variance across states makes it difficult to easily categorize states.
- This variance also makes it hard for states to easily reach out to similar states for lessons learned
- The Medicaid waiver as a primary funding source influences eligibility.
- Having ADHS eligibility that requires NF level of care has a significant impact on the goal or mission of the program. By default, these programs provide an alternative to Nursing Homes rather than a lower level of care that might be designed and intended to keep people out of the nursing home, by enabling them to maintain skills and abilities in the community
- Monitoring and client assessments are important to insure the scope of the program and quality of care. Client assessments not only give care providers critical care plan information, but provides states with valuable information about the population they serve, and the impact of any changes they might potentially make.

Cautions

- Not monitoring/assessing your population
- One size does not fit all
- Consider how a change to your program will relate to your state's other LTC programs
- Remember the goals of your ADHS program

- Many states are monitoring or moving in that direction. Monitoring or assessing the population is different than monitoring the facility in term of licensure. Really understanding the needs of the population that is being served gives states the information they need to plan for the care needs of the population within the confines of the state's economic and political structure.
- Although another state may offer a very thorough assessment tool, set of regulations on eligibility or monitoring process, it may not fit your state and your population. Ensure that it fits or is modified to reflect your state's goals and other programs.
- When altering the eligibility requirements for ADHS states must consider how will these changes impact other LTC options. For instance, if you tighten the ADHS edibility to curb entry and therefore cost, have you made ADHS eligibility as strict or stricter than those for a nursing home.
- Each state has its own specific ADHS program goals and purposes. Remember the goals of your state's ADHS program when looking to other states for alternatives if you want to modify your programs.

Conclusion

Our survey data:

- Provides a first attempt to look across states for programs and regulations of ADHS
- Provides a baseline for future surveys, for trending, and tracking change
- Can be shared by ADS associations with states to develop creative strategies