

Asia Forum on Ageing 2009

BEST PRACTICES IN ADULT DAY HEALTH CENTERS SERVICE DELIVERY

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Primary Objective of ADS

- ▶ Keep older adults and those with disabilities out of institutional settings and in the community
 - ▶ Maintain physical health functioning
 - ▶ Enhance psychosocial wellbeing
- ▶ Provide support and respite to caregivers

Key Services

Activities of Daily Living (ADL) support (i.e. bathing/toileting)

Wellness Promotion

Rehabilitation

Activities

Medical Services

Transportation

Care Management

ADS Models

Adult Day Health Care (ADHC)—
indicates medical services and in some
states a designated licensure

Licensure provides opportunity for
Medicaid funding

Adult Day Care (ADC)—limited
medical services

ADS Models

Social—provides social activities, meals, recreation and some health care services

Medical—provides nursing and medical supervision

Combined—provides both social and medical services and usually includes a nursing professional on staff

Current Trends in ADS

Wellness promotion

Life enrichment and enhancement
(activities, social interaction)

Rehabilitation

Dementia care support services

Medical Services

Transportation

Care Management

ADS in the United States

Patchwork system of sources and methods of funding

Medicaid—only for the lowest income individuals in some states

Private insurance—only 4% to 5% of adults

Private pay—costs to the participant or family is approximately \$64 per day

ADS in the United States

- ▶ 3,400 centers provide daily care for 150,000 care recipients
- ▶ 78% operate on a nonprofit or public basis
- ▶ Average age of ADC recipient is 72; two-thirds are women
- ▶ 52% ADC recipients have some cognitive impairment
- ▶ Average capacity is 40
- ▶ Average ADC recipient to staff ratio is 6:1

ADS in the United States

▶ ADC recipient living arrangements

| Living Location | Percent |
|-------------------------|---------|
| Adult child | 35 |
| Spouse | 20 |
| Institutional | 18 |
| Parents/Other Relatives | 13 |
| Alone | 11 |

Source: NADSA.org

ADS in the United States

The Partners in Caregiving
Adult Day Services 2002
Report identified an unmet
need for 5,400 more Centers
Demonstrated cost-effective
service but underutilized

ADS in Other Countries

Canada

Primarily funded by government resources

Very low co-payments—most Canadians receive some subsidy—very few pay the entire cost of the services

ADS in Other Countries

Sweden

Social Services Act-2001 emphasizes the right of an individual to receive support services to remain in the community

Care for the elderly is a public sector task to be performed by trained and qualified staff

Case Manager employed by the municipality

Each municipality decides system of charges

Source: Government Offices of Sweden, Fact Sheet, Ministry of Health and Social Affairs, September 2007

ADS in Other Countries

Japan

Funded by mandatory long-term care insurance program

Almost all costs, institutional or community-based are funded by the program, regardless of income or family situation

No cash allowances for family care

Services regulated by the national government

Challenges

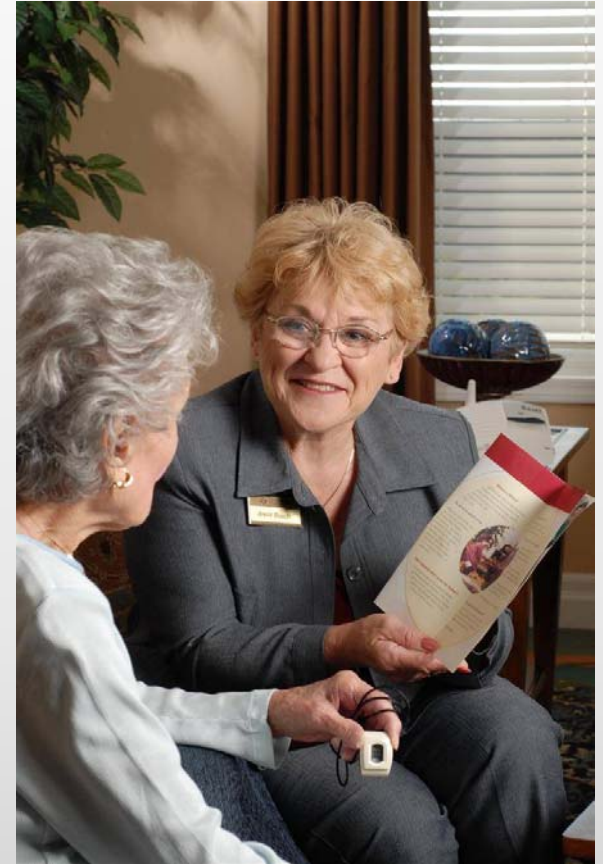
- ▶ Lack of accessible transportation
- ▶ Inadequate and inconsistent funding
- ▶ Low and/or erratic attendance
 - ▶ Needed to achieve financial stability
- ▶ Difficulty recruiting and retaining staff
- ▶ Public awareness of programs

Successful Programs

- ▶ Strong life enrichment programs
- ▶ Dedicated transportation
- ▶ Multiple sources of funding
- ▶ Daily census above 40
- ▶ Strong care management

Best Practices

- ▶ Co-locate with senior, wellness, and/or nutritional centers
- ▶ Utilize nursing assistants as drivers
- ▶ Offer pre-payment plans
- ▶ Develop a primary care component



Questions



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