Framing The Future of Adult Day

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Oklahoma
Life℠**PURPOSE**

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We Will Discuss

- Why is there a Need for Change?
- Challenges and Solutions
- Your competition
- Gatekeepers
- Diversification
- Medicaid Reimbursement
- HCBS Settings Rule
- Managed Care
- Veterans Administration payment
- Collaborations
- Applied Research for the future
- Legislation and Advocacy

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Why is there Need for Change?

- 2/3 of Medicare payments goes to people with 5 or more chronic conditions
- Duals are 13% of Medicare population, but use 34% of resources
- Hospital readmissions cost $26 billion, with $17 billion potentially avoidable
- In 2015, 35 states reported waiver waiting lists

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Challenges for Adult Day

- Not a post acute provider/ Medicare skilled provider- Care transition
- Medicaid reimbursement in 75% of the states do not cover expenses.
- Poor awareness by consumers and "gatekeepers"
- Regulatory standardization has increased regulations
- Few states have Quality Assurance performance Improvement requirements- no data to prove value proposition

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Factors that will determine the future of Adult Day Services

- States implementation of HCBS settings rule
- Increase flexibility in the eligibility criteria and service delivery through waivers for PACE
- Medicaid block grants
- Increase in Managed care
- Veterans Health Administration provider agreements- VA Community Care Networks
- Continued State rebalancing efforts

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Catalyst for Growth of ADS

- Money Follows the Person- 44 states, 63,000 transitioned (funding ended)
- Balancing Incentive Program- 19 states (funding ended)
- Managed Long Term Services and Supports expansion (26 states as of June 2016)

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More Challenges for Adult Day

- The changing consumer: Silent Generation to Baby Boomers
- Health Care Reform changes how health services are delivered
- Technology opens new ways to provide services
- Workforce Challenges

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There are many options for consumers
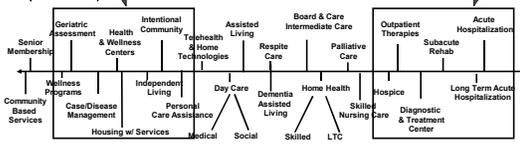
Spectrum of Services

Want driven — Need driven

Preventative — Long-term care — Hospital

Active adult communities — Life Plan Communities/multi-level campus

Senior Membership
Geriatric Assessment
Health & Wellness Centers
Intentional Community
Telehealth & Home Technologies
Assisted Living
Respite Care
Board & Care Intermediate Care
Palliative Care
Outpatient Therapies
Subacute Rehab
Acute Hospitalization

Community Based Services
Wellness Programs
Case/Disease Management
Independent Living
Personal Care Assistance
Day Care
Dementia Assisted Living
Home Health
Skilled Nursing Care
Hospice
Diagnostic & Treatment Center
Long Term Acute Hospitalization

Housing w/ Services — Medical — Social — Skilled — LTC

Source: Adapted from previous Greystone and LarsonAllen LLP presentations

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Understanding Expectations for New Wave of Customers

- Expect variety of choices and to have a voice in all decisions, desire control/demand choice
- Challenge authority
- High expectations, assertive, worldly, independent, foodies, less formal/more social, health conscious
- Wellness a major focus
- First to live totally in the age of mass communication, tech savvy
- *"Don't Call Me Old"*

BABY BOOMER ON BOARD

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Differentiate Adult Day from other HCBS providers

- Rebranding, the development of a new brand image
- Repositioning to establish your organization as a leader in quality services for older adults
- Well•Spring Solutions' Day Advantage program

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Who are the Gatekeepers?

- Hospital Discharge Planners
- Assisted Living
- Adult Protective Services
- Social Services
- Nursing Homes
- Licensed and Certified Home Health
- Aging and Disability Resource Centers
- Area Agency on Aging
- Veterans Medical Center/Clinics
- Senior Centers
- Nutrition sites
- Physicians – primary and specialists
- Managed Care organizations
- Clergy
- Support groups
- Local Businesses

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Trends Adult Day Services/ Adult Day Health

- 4600 Adult Day services program 35% increase since 2002
- Serve 260,000 63% increase since 2002
- 16 states have Medicaid payments less than $50/day
- 13 states have Medicaid payments between $50 and $70/day
- 9 states have Medicaid payments more than $70/day
- Increase acuity based payments
- Increase use of Managed Care
- Diversification- services
- Specialty- Disease, Culture

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Regulatory Review of Adult Day Services

- 26 states require licensing for adult day services.
- 10 states require certification only.
- 4 states require both licensing and certification.
- 15 states have other requirements to operate an adult day program
- 25 States have regulatory provisions for centers that serve individuals with dementia.
- 10 States have regulatory provisions for centers that serve individuals with mental illness, traumatic brain injury, stroke, Multiple Sclerosis, Parkinson's Disease, HIV/AIDS, and/or intellectual developmental disabilities

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The Future is about Diversification – hours/days

- Evening programs-
- Night programs-
- 24 hour programs
- 7 days a week
- Partial day

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The Future is about Diversification – Person centered choices

- Population Health
- Specialties and Sub-specialties
- Prevention and Wellness
- Increase cultural and religious diversity
- More choices of hobbies, recreational interests, food choices
- Community-focus

How have innovative organizations achieved diversity of person-centered choices?

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The Future is about Diversification – Services

- One stop shop
- Continuity
- Services that reflect the Individual' personal goals, beliefs and interests

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The Future is about Diversification – Services

- Primary care- Person-centered medical home
- Specialty care
- Outpatient Rehabilitation (not in bundle)
- Home Care
- Non-medical transportation
- Intergenerational day services
- Geriatric care management

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The Future is about Diversification – Services

- Meal delivery
- Personal Emergency Response Systems
- Medication dispensing machines
- Respite care
- Building space- lease Hair salon, gift shop, Café
- Wellness center

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The Future is about Diversification – Persons served

- Disease specific
- Culture specific
- Intentional- common experiences - Veterans
- Need/service specific
- Your important customer- the Caregiver

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The Future is about Diversification – Disease specific

- Alzheimers /Dementia
- HIV
- TBI
- Parkinsons
- Developmental Disability
- MS

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The Future is about Diversification – Levels of Care

- Social model
- Medical Model
- Blended
- Multiple populations- DD/MH/ Older Adults
- Hard to serve-

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The Future is about Diversification – Payer Sources

- Contract with Programs of All Inclusive Care for the Elderly
- Medicaid waiver- Older Adults
- Medicaid waiver- Younger individuals w/disabilities
- Veterans Health Administration
- Older Americans Act
- Private pay

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LeadingAge Adult Day Medicaid Study Reimbursement Groups

- Low payment paid $50 or less incl. IA
- Middle High
- Acuity-based
- Geographic location
- Cost-based
- Negotiated Rate/Managed Care
- No Medicaid or Medicaid Waiver coverage
- Value based Purchasing models

Does your rate cover costs and encourage quality of services no matter what care is needed?

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Medicaid Value based purchasing

- Pay based on outcomes
- Minnesota Start- 2015 Value based purchasing for Adult Day providers
- Tennessee Start-2016 Value based purchasing for Adult Day providers

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Managed Care and ADS

- Negotiation of rates- Positive and Negative
- De-bundling of services
- Role of different ADS models- social, medical

How do we address these concerns or are they opportunities?

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Home and Community Based Setting
Requirements Final rule January 16, 2014

FEDERAL REGISTER
The Daily Journal of the United States Government

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HCBS settings requirements

| Is integrated in and supports access to the greater community | Provides opportunities to seek employment and work in competitive integrated settings , engage in community life, and control personal resources | Ensures the individual receives services in the community to the same degree of access as individuals not receiving Medicaid HCBS |
| Is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting | Optimizes individual initiative, autonomy, and independence in making life choices | Facilitates individual choice regarding services and supports and who provides them |

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Changes at your ADC

- Person-centered plan of care
- Policies and procedures
- Environmental changes
- Staff training
- Community Involvement
- Disease specific care and Person-centered care
- Quality/ Safety and Person-centered care

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ADC and AL-Ask yourselves

- Do participants have access to meals that fits their preference
- Access to a schedule that fits their lifestyle
- No regimental schedules- ie. Showers, meals
- Doors aren't locked (doesn't mean we are creating an unsafe environment- there are strategies- learn from each other)
- Is there a medication cart rolled around the room?
- Are individual personal information on display – diet, Rx, diagnosis.?
- Are treatments and counseling done in public?

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How do You Respond to These Five Questions?

- Have you developed a plan to position your Center, community or services to be attractive to a new consumer?
- Are you looking at ways to becomes a resource and preferred service provider to older adults in your community?
- Have you taken steps towards investment in systems and developing programs to assess your cost of care and quality outcomes?
- What is your role in helping older adults remain at home, and how do you also meet the needs of the caregiver?
- Have you developed a comprehensive approach to attracting and retaining qualified staff and developed an internal leadership development program?

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Adult Day Services – Veterans Admin.

- Major cut in funds in the "Non-VA CHOICE" Account
- VA working on Nursing/ Social Work staffing requirements to shift coverage to CHOICE and eventually Community Care Network contracts
- Negotiated rates
- Cap in number of days
- Elimination of transportation payment

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Collaborations

- Senior Housing
- Continuing Care Retirement Communities & CCRC at Home
- Hospital
- Physician Practice
- CMS Demonstrations
- PACE

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Programs of All Inclusive Care for the Elderly

- For-profits interested in PACE
- Person Centered Community Care (P3C) model -PACE-like models for additional populations, including populations under the age of 55 and those who do not qualify for a nursing home level of care

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Community Based Health Home pilot program

- 9 Adult Day Programs in California- Foundation funded
- The program at Acacia Adult Day, dispatches registered nurses outside the centers.
- Comprehensive care management
- Care coordination
- Health promotion
- Comprehensive transitional care/follow-up
- Patient & family support
- Referral to community & social support services

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ADS Plus Research study

- Researchers, Joseph Gaugler, Ph.D., University of Minnesota, and Laura N. Gitlin, Ph.D., Johns Hopkins University -National Institute on Aging funding
- Staffing, training and preparation would begin early 2017.
- **ADS Plus consists of 5 key components:**
1. Care management
2. Referral/linkage
3. Education about dementia
4. Situational counseling/emotional support/stress reduction techniques
5. Skills to manage behavioral symptoms

Thirty ADS programs throughout the U.S. varying in geographic location and staffing levels will be involved. A total of 300 diverse caregivers will be enrolled.

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Research Opportunities ADS

- 2014 National Study of Long-Term Care Providers - released June 2014
- 2012 National Study of Long-Term Care Providers by the NCHS 65% response rate

nchs National Center for Health Statistics... Monitoring the Nation's Health

- RTI conducting update of **Regulatory Review of Adult Day Services**
- **Need for more research- ie. Parma DAY program**

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Community Based Independence for Seniors Act, S. 309/H.R.4006

- Establish a new Community-Based Institutional Special Needs Plan (CBI-SNP) demonstration program- 5 States
- Targets home and community-based services for Medicare-only beneficiaries who need help with 2 or more activities of daily living
- Benefit covers non-Medicare services, such as Adult Day Services, Home Care, Meals and Non Emergency Transportation
- Bipartisan, and will be Bicameral

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