

Adult day services: Finding an anchor in today's healthcare and economic storms

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Adult day services (ADS) emerged as an alternative to institutional care more than three decades ago. The activities in adult day centers provide mental, social, and physical stimulation for adults who have lost a degree of their independence because of physical or cognitive impairments or chronic health conditions. (Senior centers, in contrast, typically attract more independent and mobile older adults.)

As the name suggests, ADS provides day care in a community setting outside of the home; it's not a form of residential housing. ADS offers meals, activities, and care for households where the caregiver might not be available to provide care at home during the daytime.

In recent years, adult day centers have expanded their services beyond a social model of day activities, such as games, music and art, exercise programs, meals and snacks, and short pleasure trips. "Our ability to address chronic health needs was limited in the past," says Jan Nestler, executive director of Elder and Adult Day Services, www.eads-cares.org, in Bellevue, Washington. "Now we are able to offer services to individuals who have diabetes, paralysis from stroke, cognitive impairments, or are in need of rehabilitation."

Nestler continues, "Services for our clients are centered on each person's respect and dignity. We encourage our clients to endure, improve their balance and motor skills, eat right, exercise, and keep themselves clean." Services focus on the physical, social, and cognitive needs of clients and are designed to maximize function and to slow decline. "We particularly address the isolation and socialization challenges that many seniors experience," Nestler says. "In addition, our skilled nursing and rehabilitation offerings allow participants to remain engaged in their own care."

This expansion into more complex health care was made possible by a shift in care models. "Our earlier model focused on individualized care," Nestler recounts. "The concept has since moved to collaborative care. In a collaborative care environment, clients play an active role in their services at the adult day center, together with the participation of their family members, physicians, and professionals at the center. It is a wrap-around model of care."

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The shift toward providing a spectrum of care levels is also seen in the nationwide SarahCare Adult Day Care Centers, www.sarahcare.com. Each SarahCare Adult Day Care Center offers comfortable, upscale services at costs that are less than might be expected with assisted living, in-home care, or nursing home care.

SarahCare’s services range from pampering at its day spas, including bathing, nail and hair grooming, and chair massages, to more intensive healthcare and management of chronic diseases, such as diabetes, Parkinson’s, and middle-stage Alzheimer’s and dementia. A staff of highly skilled RNs, LPNs, and certified nursing assistants can provide rehabilitation therapies and care for persons who use feeding tubes or colonoscopy bags, or are incontinent. Social workers, activities professionals, and dietary consultants round out the staff.

CARING FOR THE CAREGIVER IS NECESSARY, TOO

Services for caregivers are vital in households where the caregiver must work full- or part-time. “We have programs to ease the stress and burnout of caregivers,” says Merle Griff, president of SarahCare Adult Day Care Centers at the company’s headquarters in Canton, Ohio. “At some of our sites, we provide dinner services or take-out for persons when they pick up a family member.”

SarahCare Adult Day Care Centers also offer an “Up & Tuck” service, which helps individuals rise and get dressed to come to the center during the day, and then helps them prepare for bed in the evening. This integration of in-home and day center services is especially beneficial for couples when one of the spouses requires a higher level of care than the other.

Nestler adds, “Elder and Adult Day Services provides the tools so that caregivers can continue the care at home without undue stress or burnout.” Day services might evolve into evening services, too: “We’re evaluating a ‘sundowners’ evening program to give caregivers an opportunity for a good night’s sleep.”

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ADULT DAY SERVICES ARE A COST-EFFECTIVE ALTERNATIVE

Adult day centers serve many people who would otherwise be living in a nursing home. Nestler explains, “Elder and Adult Day Services goes beyond the levels of motivation and support of a typical social model of service. The life skills we share span the entire life cycle. Our clients move to a higher activity level.”

To help rein in healthcare costs, Elder and Adult Day Services is proactive in its educational efforts. “For example, preventing falls and keeping people ambulatory improve people’s quality of life and avoid expensive costs associated

ADULT DAY SERVICES — PROGRAMS WHOSE TIME HAS COME

The adult day services movement was initially spurred by a desire to provide community-based options for persons who were eligible for Medicare and Medicaid, although private pay clients now make up a large part of the ADS market.

The National Council on Aging organized the National Institute on Adult Daycare (NIAD) in 1979. Sixteen years later, NIAD changed its name to the National Adult Day Services Association (NADSA), www.nadsa.org, to reflect the trends of a rapidly growing ADS industry and be more inclusive of centers that provide day care, day health, or respite. As a professional trade association, NADSA has become an influential voice of the ADS industry.

The growth of the ADS industry prompted a demand for accountability and standards for quality. Responding to a request from NADSA and with the support and advice of leaders in the ADS industry, CARF International crafted standards specifically for ADS organizations and began accrediting adult day services in 1999.

with recovery from broken bones,” says occupational therapist Morgann Henry. “We educate our clients and their caregivers about the therapeutic value of exercise to build balance and strength.”

Suzi Kennedy, executive director of the Life Enrichment Center of Cleveland County, www.lifeenrichmentcenter.org, in Shelby, North Carolina, agrees that adult day centers are a good value. “Our clients see our program as a more cost-effective option than institutional services,” she says.

FUNDING HAS BECOME A GREATER CHALLENGE

The recession has not bypassed adult day centers and their clients. “Today, people are edged closer to financial ruin at every economic downturn,” Nestler says. “Many older or disabled persons on fixed incomes have less spending power as their expenses increase and their investments and savings decrease.”

Low-income individuals have been hit by the recession in other ways. “A number of states have attempted to reduce or eliminate access to adult day centers for Medicaid beneficiaries,” observes Jed Johnson, assistant vice president of older adult services at the Easter Seals National Headquarters (formerly the National Easter Seal Society), www.easter-seals.org, in Chicago. “Many decision makers don’t grasp the essential role that adult day centers play in forestalling possible nursing home placement. The short-term fix of denying adult day care benefits will increasingly strain long-term care financing,” Johnson predicts.

With funding streams reduced to a trickle, adult day services are finding innovative ways to stay afloat.

With funding streams reduced to a trickle, adult day services are finding innovative ways to stay afloat. Elder and Adult Day Services experienced a 72 percent funding cut from the state last year, but Nestler reports, “We were able to stay open by reducing costs and absorbing our loss. We consolidated two of our centers and were forced to temporarily drop a third of our clients. Since transportation funding was also cut, we had to devise ways to pay for transportation so that clients could come to a center at least once a week.”



Diversification might also help rescue cash-strapped adult day services. For example, Elder and Adult Day Services is exploring services that might be offered as a supplement to core services, such as foot care clinics or diabetes education, on a fee-for-service basis.

Griff says that SarahCare has reduced costs by integrating some of its services with senior centers.

Prospects are similarly grim for persons who pay for their own services. “We’ve seen a dramatic decrease in the numbers of private-pay clients during this recession,” Griff reports.

Pat Long, executive director of BEELONG Adult Day Services, www.beelong.org, in Huntingdon Valley, Pennsylvania, explains, “We see an immediate decline in attendance when family members lose their jobs. However, when the family members are able to return to work, clients return to our center. We also keep in contact with the families and offer other services to help them through their difficult transition.”

Long adds, “Internal staffing ratios are important to our quality service delivery. We use PRN staff to help manage our costs.”

NETWORKING AND MARKETING ARE PROVEN STRATEGIES FOR SURVIVAL AND GROWTH

Easter Seals, a national organization, has developed tactics to withstand the economic downturn, such as building partnerships across the long-term care continuum. “We collaborate with key stakeholder groups, such as AARP, www.aarp.org, and other advocacy organizations, and with state adult day associations,” Johnson says. “We also open our doors to legislators and other decision makers, and we empower clients, their caregivers, and families to advocate on their own behalf.”

Marketing is another key ingredient for success, especially in lean economic times. Kennedy reports that the Life Enrichment Center of Cleveland County has been able to increase its market, particularly in the mental health arena: “We market to potential referrals, such as case managers and schools that serve persons with developmental disabilities.”

Marketing should not be an activity set apart from daily operations. “Marketing is everyone’s job,” Kennedy insists.

“We discuss messaging at all staff meetings. Everyone is kept in the loop so that our messaging remains the same. You cannot market in isolation. Whether you are a director or a front-line employee, you need to present a consistent message.”



DESPITE TODAY’S ECONOMY, THE FUTURE HOLDS PROMISE

The future of adult day services will depend on many factors, including the ability of the industry to dovetail its services with other care models. Griff says the ADS industry needs to more effectively coordinate with rehabilitation centers and increase its participation in discharge planning at hospitals and long-term care facilities.

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She also advises designing programs for a generation that is more technologically sophisticated, especially as adult day centers are beginning to see a more youthful clientele. Although the average age of SarahCare’s clients is 71, it serves individuals as young as 50.

BEEELONG Adult Day Services has already begun networking and collaborating with related services. “We build relationships with hospital discharge planners, home health agencies, and other long-term care services,” Long reports, “and the efforts have paid off. We achieved our second highest census ever last year.”

What does the future hold? Johnson says that the nearly 90 Easter Seals adult day programs across the United States identified eight industry trends for this decade:

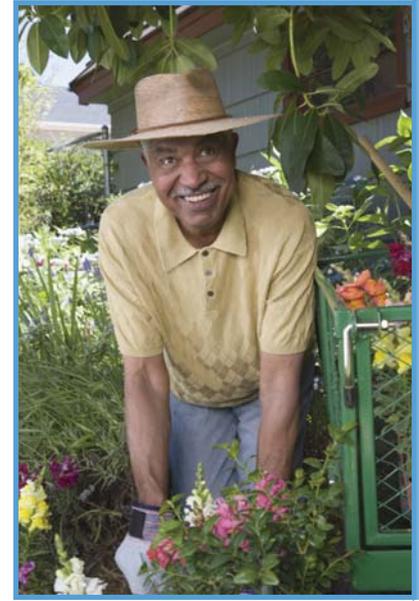
1. Increased focus on outcomes measurement, especially evidence-based outcomes for effectiveness
2. More consumer choices in many areas, ranging from dining options to activity programming
3. Consolidation across the industry with a declining number of single-site organizations and a commensurate increase in the number of regional and national organizations.

4. More formal and informal relationships with other services along the long-term care continuum, such as home health, hospice, assisted living, and case management
5. Clearer grasp of the financial fundamentals of program operations, including unit costs
6. Person-centered approach to service delivery that offers clients more opportunities for meaningful input
7. Engagement of local and state governments through advocacy
8. Increased reliance on Web-based modalities for all aspects of service delivery, such as marketing, activity programming, caregiver support, advocacy efforts, and staff training.

Nestler observes a significant shift in views of aging in the next generation to retire. “Baby Boomers are not looking at this as the end of life. They want to be informed, proactive, and productive in everything they do. For example, they understand that an exercise routine will not only help them sleep better, it will also elevate their mood and increase their energy.”

She sums up the resilient spirit of the ADS industry for meeting today’s challenges and tomorrow’s changes when she says of the current economic slump, “We believe that in any time of crisis, there is opportunity.”

For information about CARF accreditation of ADS and other aging services, please visit www.carf.org/aging or call toll-free (866) 888-1122.



News from CARF

NEW HOME AND COMMUNITY SERVICES STANDARDS AUGMENT CARF’S FULL CONTINUUM OF SERVICES ACCREDITATION

CARF International’s new standards for Home and Community Services complement its existing accreditation standards for programs provided in a variety of settings.

“Home and Community Services across multiple disciplines and program areas are a critical component of service delivery in a full continuum,” said Brian J. Boon, Ph.D., CARF president/CEO. “By applying standards that address the safety of persons who receive these services and the unique factors in delivering services in communities and homes, the field is more accountable and person centered. It is a win-win for the consumer and the provider by reducing risk and increasing satisfaction of both parties.”

The Home and Community Services standards cut across all of CARF’s accreditation areas and are published in the 2010 editions of the Aging Services, Behavioral Health, CARF–CCAC, Child and Youth Services, Employment and Community Services, and Medical Rehabilitation standards manuals. Standards in these manuals will be applied on CARF surveys conducted after June 30, 2010.

In a unique effort to address the interests of CARF's multiple customer service markets, the Home and Community Services standards were designed as a broad, flexible framework that is available to service providers seeking to accredit the following types of service delivery in a variety of home and community settings:

- Services for persons who are in need of specialized health services and assistance due to illness, injury, impairment, disability, or a specific age or developmental need.
- Services for persons who need assistance to access and connect with family, friends, or coworkers within their homes and communities or who choose to have services that reflect their personal preferences.
- Services for persons who need or want help with activities in their homes or other community settings.
- Services for caregivers that may include support, counseling, respite, or hospice.



CARF's leadership in framing the Home and Community Services standards is backed by its 44-year history of accrediting health and human services on five continents.

Development of the Home and Community Services standards began in 2008. CARF crafted the standards with input from service providers, governmental agencies, third-party payers, and CARF surveyors from Europe, Canada, and the United States. In a series of focus groups conducted with consumers who use home and community services, consumers commented on topics ranging from their needs in transportation, respite, and personal care activities to home health nursing and rehabilitation. An International Standards Advisory Committee, representing all of CARF's accreditation areas, wrote the standards using universal terms understood in all service areas. Before their adoption, the standards were posted online for a period of public review that encouraged additional input.

"Persons who require home and community services can feel vulnerable with strangers coming into their homes and interacting with them around personal activities," said Christine MacDonell, managing director of CARF's Medical Rehabilitation customer service unit and managing director of International Aging Services/Medical Rehabilitation. "Consumers told us they want a review of organizations that send persons to assist them—whether it's a home care aide or a driver transporting them to appointments. They told us they feel more secure if they know an accreditor is watching out for their interests, and they look favorably on service providers that have earned the CARF accreditation seal."

MacDonell added, "Generally, consumers prefer to receive services in their own homes and communities if they are able to, rather than in an institutional setting."

The standards manuals containing the new Home and Community Services standards may be obtained at bookstore.carf.org. CARF urges service providers to speak with a resource specialist at CARF before acquiring a standards manual to ensure that the provider's services are matched with appropriate standards. Providers must apply standards for a minimum of six months before a CARF survey may lead to accreditation.

For more information about Home and Community Services accreditation, call CARF International toll free at (888) 281-6531 (voice/TTY) or submit a contact form at www.carf.org.

CARF's leadership in framing the Home and Community Services standards is backed by its 44-year history of accrediting health and human services on five continents.

CARF INTRODUCES MEDICALLY FRAGILE POPULATION DESIGNATION TO ITS COMMUNITY SERVICES STANDARDS

Responding to the needs of community service organizations, CARF International introduced standards for programs serving medically fragile persons in employment and community services settings.

Standards for the specific population designation are in the recently published *2010 Employment and Community Services Standards Manual*. This edition of the standards manual will be applied on CARF surveys conducted after June 30 this year.

“Children and adults with severe illnesses or chronic health conditions can look forward to longer and more fulfilling lives, thanks to advances in medicine and technology,” said Brian J. Boon, Ph.D., CARF president/CEO. “CARF’s new standards are crafted to ensure organizations serving persons with concurrent medical issues consider these factors in their day-to-day services.”

CARF developed the standards over three years with input from parents, researchers, and concerned professionals. CARF’s leadership in framing these standards is backed by its 44-year history of accrediting health and human services on five continents.

The new CARF standards help community organizations design services to assist people with medically fragile conditions to live in the community.

Ultimately, medically fragile persons will be able to lead improved lives and receive greater satisfaction in their daily activities.

Initially responding to the needs of service providers in Toronto’s Ontario Association of Residences Treating Youth, CARF Canada drafted the medically fragile population designation standards. CARF brought the group’s original recommendations forward to an International Standards Advisory Committee (ISAC). CARF’s approach to an inclusive standards development process culminated in a broad field review prior to the standards’ implementation.

All participants in the standards’ development represented experience and concern for enhancing the quality of community services and supports for medically fragile individuals, many of whom have received services for their disability since birth.

“The new CARF standards help community organizations design services to assist people with medically fragile conditions to live in the community,” said Paul Andrew, managing director of CARF’s Employment and Community Services customer service unit. “Persons with these needs require overall care planning to achieve optimum health and integration into the community.”

Andrew cited two expected results of the new CARF standards:

- Development of community networks that will improve access to therapies, medical supports, and guidance.
- Choices for the persons served to pursue meaningful activities in the least restrictive environment and enjoy personal development, health, and education.

“Ultimately, medically fragile persons will be able to lead improved lives and receive greater satisfaction in their daily activities,” Andrew concluded.

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Cathy Ellis, PT
CHAIR,
CARF BOARD OF DIRECTORS

Brian J. Boon, Ph.D.
PRESIDENT/CEO

Paul Andrew
MANAGING DIRECTOR, EMPLOYMENT
AND COMMUNITY SERVICES

Leslie Ellis-Lang
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CHILD AND YOUTH SERVICES

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CHIEF RESOURCE AND STRATEGIC
DEVELOPMENT OFFICER

Darren M. Lebrfeld
CHIEF ACCREDITATION OFFICER
AND GENERAL COUNSEL

Christine M. MacDonell
MANAGING DIRECTOR,
MEDICAL REHABILITATION

Susanne Matthiesen
MANAGING DIRECTOR,
AGING SERVICES

Nikki Migas
MANAGING DIRECTOR,
BEHAVIORAL HEALTH

Di Shen, Ph.D.
CHIEF RESEARCH OFFICER

Daniel Stavert
CHIEF ADVISOR, ACCREDITATION
STANDARDS, CARF CANADA

Annette C. Watson
MANAGING DIRECTOR

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Al Whiteburst, EDITOR

Address correspondence to the editor.

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The Centers for Medicare & Medicaid Services (CMS) reports that approximately one-half million children and youths with chronic health conditions are enrolled in its Medicaid programs at present. United Cerebral Palsy is also observing a rapid growth in the size of the population being served with serious and ongoing health conditions.

Gary M. Edwards, Ph.D., is executive director of the United Cerebral Palsy of Greater Birmingham [Alabama], Inc., and was instrumental in the crafting the medically fragile population designation. Surveying the field, he said, "Childhood programs and daycare require a higher level of care, including nurses and doctors, to care for medically fragile children. Most daycare centers are not staffed for this higher level. In addition, strains are placed on families and funding to care for medically fragile children, some of whom are on ventilators. And, as they age, they require care for their disabilities plus the issues associated with aging."

The medically fragile specific population designation joins designations for older adults and for children and adolescents in the *2010 Employment and Community Services Standards Manual*, which may be purchased at bookstore.carf.org. Service providers must apply standards for a minimum of six months before a CARF survey may lead to accreditation.

For more information about the medically fragile specific population designation, contact CARF's Employment and Community Services customer service unit toll-free at (888) 281-6531 (voice/TTY) or ecs@carf.org.

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CARF International 4891 E. Grant Road, Tucson, AZ 85712 USA
Toll-free 888.281.6531 voice/TTY www.carf.org

CARF-CCAC 1730 Rhode Island Avenue NW, Suite 209, Washington, DC 20036 USA
Toll-free 866.888.1122 voice www.carf.org/aging

CARF Canada 10665 Jasper Avenue, Suite 1400A, Edmonton, AB T5J 3S9 Canada
Toll-free 877.434.5444 voice www.carfcanada.ca

