Master Plan for Aging:
Recommendation #2 for Adult Day Services
Expanding Access to Care
12/13/2019

To submit your recommendation, fill out as many of the fields below as you can. It is fine to leave some blank. Recommendations can be submitted at engage@aging.ca.gov. Initial recommendations are requested to be submitted by December 13, but they may submitted after this date as well.

Issue Statement: [State the problem your recommendation will address. Insert links to reports where appropriate.]

As documented in public reports that the Master Plan for Aging Committee has at its disposal, the state budget cuts enacted during the latest economic recession had a profound impact on LTSS infrastructure as services shrank or disappeared. Communities have not recovered from the deep and wide loss of LTSS programs that were dependent on government funds. Additionally, services that relied on private payments or grants suffered economic losses as the economy contracted. At the family or individual level, purchasing power to afford community based options shrank and philanthropic giving also experienced an impact.

Access to adult day services remains limited geographically

Even as the state's economy has grown, leading to billions in surplus funds, the LTSS infrastructure has not rebounded to pre-recession levels. To Illustrate this, the number of adult day health care centers peaked at 361 in 2004, serving 38,791 individuals in 33 counties. Today, the number of centers is 260, in 27 counties, serving 37,314 individuals.

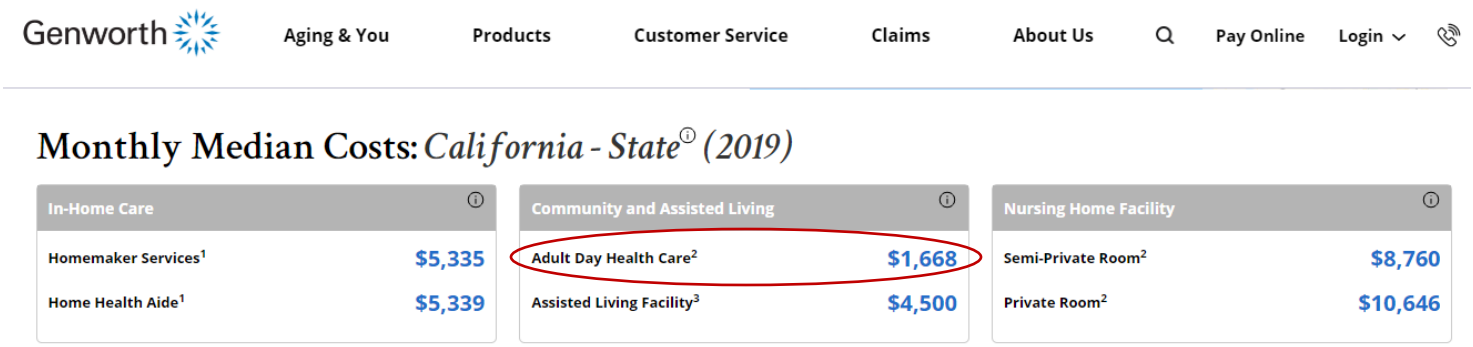
While the number of participants served has climbed to almost pre-recession levels, the number of centers remains 39% lower than in 2004. This means that today's centers are serving more people in fewer, but larger facilities. This slow recovery has been uneven and concentrated geographically in urban areas. Of the 27 counties with ADHC today, five counties have only one center and 13 have one or two centers serving an entire county. There also remain pockets of underserved areas in urban areas of the state such as San Diego and the demographically changing Inland Empire.

Of note, in the 1980's, Senator Henry Mello, who chaired the Senate Aging Committee, estimated the statewide need to be 600 ADHC sites based on a study titled **"Adult Day Health Care in California: Unfinished Task."** Weiler, P.G, MD., MPH; Fine, R.R.; Reid, M.L. MPH. Dec. 1982. University of California Davis Center for Aging and Health.

Data about the capacity and availability of Adult Day Programs, (licensed by the Department of Social Services and serving a primarily private pay market with a specialty in dementia or Intellectual or Developmental Disabilities), not readily accessible. Overall, both the IDD community and the aging focused service sectors have experienced loss of program capacity over this time period as witnessed in various Legislative hearings.

Adult Day Services are an affordable option for low to middle income Californians

The national Genworth Cost of Care Survey consistently shows adult day services is the most affordable option among the residential and home and community based services surveyed and California's ADHC cost is on par with the national median of $1,625.



Related Legislative Efforts

AB 2025 (2017-2018 legislative session), authored by Assembly Member Maienschein, offered a creative solution to rebuilding the state's LTSS infrastructure through a public-private financing mechanism, using state bonds, targeted to spur access to adult day services and PACE models in underserved and unserved areas of the state. The author stated the problem as follows:

> "The Department of Finance and the Legislative Analyst Office both project significant growth in California's older adult population by the year 2025. With that growth comes increased rates of individual disability and cognitive impairment, as well as negative impacts on family caregivers and stress on fragile systems of care. In anticipation of this unprecedented demographic shift, California has an opportunity to expand capacity and build infrastructure to meet the consumer demand. Not only will advance planning benefit thousands of individuals and families, but also the State General Fund by offering more low-cost, community-based options as alternatives to high cost institutional care."

While AB 2025 did not advance in the Legislature, mostly due to the author's change of party affiliation and loss of key staff, the issue remains that there are vast areas of the state without affordable adult day services and other non-institutional settings.

Investing in Adult Day Services in the era of Managed Care makes fiscal and program sense

Managed care organizations now have almost a decade of experience work with ADHC and express support for increased access to adult day services. This is especially relevant in light of the DHCS CalAIM vision to make LTSS available through managed care throughout the state. As described, many areas of the state remain without these services, especially central and northern counties. However, there are also pockets of unmet need in urban counties.

The ability to start up a facility-based program such as adult day health care or adult day program has been dampened by the rapidly rising cost of real estate and a lengthy burdensome regulatory process, making it especially difficult for non-profit agencies to amass the totality of funds needed. Starting up a new facility can take two years or longer and cost hundreds of thousands of dollars from concept through the first year of two of operation.

One-time state investments for capital to start-up, expand, or rehabilitate aging facilities to meet increased local demand in a cost-efficient manner will spur local private or public investment (such as donations of land or use of local government property). The investment today will pay off in improved quality of life for those most in need and in reduced societal and community costs.

For all of these reasons, the time to invest in building statewide infrastructure to match the state's demographics and growing consumer demand for community options such as ADHC and ADP has never been greater or more urgent.

MPA Framework Goal #: [Insert which goal/s from the framework this recommendation addresses. View MPA Framework here:

Goal #1: We will live where we choose to as we age and have the help we and our families need to do so.

MPA Framework Objective #: [Insert which objective/s from the framework this recommendation addresses. View MPA Framework here:

Objective 1.1: Californians will have access to the help we need to live in the homes and communities we choose as we age.

Recommendation: [Explain your recommendation in one to two sentences.]

- Seek one-time state funding for grants designed to build capacity for Adult Day Health Care programs using existing legislative authority under and expand this authority to include renovation and expansion of existing sites to meet local demand.
- Include Adult Day Programs licensed under Department of Social Services Community Care Licensing in this expanded authority, given their strength in providing dementia specialty services and caregiver support.

Target Population and Numbers: [Describe groups of Californians impacted by this recommendation, with numbers if available.]

1) Any Californian seeking relief from 24/7 caregiving responsibility
2) Any individual who would benefit from the socialization, physical assistance, and mental stimulation in a group setting outside of the isolation of their home
3) Any person who requires a holistic person-centered team approach to addressing health, cognitive, or psychological needs along with social determinants of health to remain as independent as possible in their community of choice

Detailed Recommendation: [Insert detailed bullet points describing recommendation.]

1) Fund existing legislative authority for start-up grants for ADHC. Amend statute to include adult day programs. Include renovation and expansion in definition of start-up. **HEALTH AND SAFETY CODE DIVISION 2, CHAPTER 3.3** ARTICLE 5.5 Grants in Aid Program.

2) Map existing centers and identify areas of need. Use grant authority below to contract for local or statewide analysis of need.

   HEALTH AND SAFETY CODE - DIVISION 2. CHAPTER 3.3. ARTICLE 5.5. Grants-in-Aid Program

   §1589. Subject to the appropriation of funds pursuant to the annual Budget Act, the department may establish planning and development grants for public or private nonprofit applicants that request assistance in conducting feasibility and needs analysis for new adult day health care centers.

3) Design and fund a mixed methods research model to examine the impact of expanding access to adult day services.

Evidence that supports the recommendation: [Add links or summaries of research evidence that support the recommendation.]

From **the U.S. Department of Health and Human Services (HHS), Office of Disability, Aging and Long-Term Care Policy (DALTCP) and the Research Triangle Institute**. July 2006 Report - ADULT DAY SERVICES: A KEY COMMUNITY SERVICE FOR OLDER ADULTS

"ADS programs are of interest to states because of their potential to delay or prevent nursing home placement, in large part by supporting informal caregiving. Informal caregivers are the backbone of the nation's long-term care system. Over seven million Americans provide 120 million hours of care to about 4.2 million elderly persons with functional limitations each week. The estimated economic value of this care ranges from $45-$96 billion a year. Research has found that caregivers who experience stress and burden are more likely to institutionalize relatives suffering from dementia. Once the physical resources of caregivers decline and other home and community resources (paid or unpaid) are unavailable, nursing home placement is more likely.

States are also interested in the potential of ADS to reduce health care costs by providing health monitoring, preventive health care, and timely provision of primary care, particularly for individuals at risk for incurring high medical costs."

Mixed-Methods Evaluation of a Nurse-Led Community-Based Health Home for Ethnically Diverse Older Adults With Multimorbidity in the Adult Day Health Setting, Tina Sadarangani, PhD, RN, ANP-BC, GNP-BC, Lydia Missaelides, MHA, Emily Eilertsen, RN, BSN, .First Published August 2, 2019 https://doi.org/10.1177%2F1527154419864301

> "CBHH is a promising solution to improving care for vulnerable older adults with multi-morbidity, particularly with respect to reducing emergency department utilization and improving socioemotional health (e.g., quality of life, depression, loneliness)."

Using The Adult Day Center As A Community Based Health Home: An Evaluation Of Health Outcomes Among Diverse Seniors
T R Sadarangani, L Missaelides, MHA, C T Kovner, PhD, B Wu, PhD
Innovation in Aging, Volume 2, Issue suppl_1, 1 November 2018, Page 826, https://doi.org/10.1093/geroni/igy023.3075

> "ADHC users are vulnerable to poor nutrition…however, the factors driving nutrition risk with other risk factors are heterogenous and affect racial communities differently" and correlate with other risk factors such as depression and loneliness.

Adult Day Center Programs and Their Associated Outcomes on Clients, Caregivers, and the Health System: A Scoping Review
Moriah E Ellen, MBA, PhD, Peter Demaio, BA, Ariella Lange, PhD, Michael G Wilson, PhD
The Gerontologist, Volume 57, Issue 6, December 2017, Pages e85–e94, https://doi.org/10.1093/geront/gnw165

> "ADC use has positive health-related, social, psychological, and behavioral outcomes for care recipients and caregivers. As the population ages, policymakers must carefully consider how ADCs can best serve each user and their caregivers with their unique circumstances. ADCs have the potential to help shape health system interventions, especially those targeting caregivers and people requiring long-term care support."

Examples of local, state or national initiatives that can be used as an example of a best practice: [Provide any available links and sources.]

- **Local:** California Planning Councils CCR Title, Div 3., Sec. 5, 54107-54108
- **State:** Washington DC start-up grants FY 2020. Department of Aging and Community Living
- **National:**
- **Other:** California grants in aid program under HSC §1580 et seq.

Implementation: [Insert actions state agencies, legislators, counties, local government, or philanthropy can take to move this recommendation forward. Some of the entities listed below may or may not be applicable to each recommendation.]

- **State Agencies/Departments:** [action to be taken by governor or specific state agencies]
  - Staffing for administration of start up grants
- **State Legislature:** [legislation needed to implement recommendation]
  - Funding for planning and start up grants
- **Local Government:**
  - Funding match or in-kind support to attract new programs where needed
- **Federal Government:**
- **Private Sector**: Work site adult day programs could be established for employees and the public as a work life balance benefit, potentially intergenerational with on-site child care
- **Community-Based Organizations:**
- **Philanthropy:**
- **Other:**

Person-Centered Metrics: Individual measures of inputs or outcomes that can be used to measure the recommended action's impact on people.

Evaluations: [How will we know that the recommended action is successful once it has been implemented?]

- **Short-term:** By 2020 funds will be appropriated in a state grant fund, without regard for fiscal year, for the purpose of allocating grants.
  CDA and others will explore ways to leverage a partnership with the Treasurer's office for low interest loans, or bond funds.
- **Mid-term:** By 2025 50 (10 per year) new adult day health care or adult day programs will be serving approximately 5,000 to 10,000 new users of care in underserved and unserved areas of the state.
- **Long-term:** by 2030 All but the most rural counties will have access to adult day services

Data Sources: [What existing data can be used to measure success or progress?]:

- Existing data sources: [specify datasets, variables, and data owner/location]
  - CDA and CDPH data on facility location, census and enrollment
- Suggestions for data collection to evaluate implementation of this goal when no data sources exist:
  - Align the data collected of population served in ADS with metrics collected across the LTSS continuum. Alliance can provide a list of key data points based on research findings.
  - Create a visual and data map of center locations using a geo-mapping program (such as ESRI or Tableau) that can be accessed by the public on a state website.

Potential Costs/Savings: [insert any research, actuarial analysis or other evidence of the cost of this recommendation or potential savings]

- ***Adult Day Health Services: A Review of the Literature****. Lucas, J. A; Rosata, N.S; Lee, A.J; Howell-White, S. August 2002. Rutgers Center for State Health Policy*
- Other studies upon request

Prioritization: (How would you prioritize this issue in importance relative to other needs/priorities- e.g., low, medium, high)**:**
High, due to the need to invest in and accelerate rebuilding of infrastructure.

Name of person(s)/organization submitting recommendation:
Lydia Missaelides, Executive Director, Alliance for Leadership and Education

Date of submission: December 13, 2019