# LOB #150: LONG-TERM CARE SERVICES

#### **Purpose**

Long Term Care (LTC) Services promote the health and independence of the frail elderly and adults with disabilities. The Adult Day Health Care (ADHC) Program provides a safe environment for individuals who need support during the day due to physical and/or cognitive impairments, including all types of dementia. ADHC is an important part of the continuum of LTC services, offering a greater level of assistance than senior centers or Senior Plus Programs, and providing a bridge to more intensive late stage Alzheimer's care. ADHC offers participants a vibrant, stimulating, and nurturing alternative to more restrictive and costly long term care options, such as a nursing home or assisted living facility. ADHC also improves the quality of life for caregivers by providing respite to alleviate stress, enabling them to continue to work and take the time needed to care for themselves and their families.

#### **Description**

The first Adult Day Health Care (ADHC) center was established over 30 years ago to allow frail elderly and adults with disabilities to live in the community of their choice by promoting their health and independence and by providing respite to family caregivers. Today the Health Department operates five ADHC centers throughout the County (one scheduled to close in December 2015) as a part of the progressive continuum of care for this population. The average age of the participants is 79, ranging from 29 to 98 years, and 93 percent have cognitive impairment including all types of dementia. Sixty-eight percent suffer from both cognitive and physical impairments related to chronic diseases. Ninety-two percent of the participants meet the criteria for a more restrictive care setting such as assisted living dementia units or a nursing home, yet because they attend ADHC during the day, they are able to remain in the community with their caregivers' support. During FY 2015, there were 249 clients enrolled in the program with an average daily attendance of 95 clients.

The ADHC centers operate Monday through Friday from 7:00am to 5:30pm, serving two nutritious meals and a snack. Participant daily fees are determined by a sliding scale ranging from \$16.00 to \$107.00 which is based on the State Health Department eligibility scale. Medicaid reimburses the program \$60.10 per day for participants who meet the eligibility criteria established by the Department of Medical Assistance Services DMAS) for community-based long term care waiver programs. This represents a significant cost savings to families considering that the average annual cost of a nursing home in Northern Virginia is \$90,885 (MetLife Report 2012) and the annual cost of attending the ADHC program is \$26,750 (based on the highest fee and full attendance).

Each ADHC center is staffed by two nurses, a certified recreation therapist, and several program assistants. The center director is a nurse who provides supervision and operational oversight, and the second nurse provides the daily clinical care including health monitoring, regular physical and cognitive assessments, and medication administration. Monitoring health status on a regular basis, allows for early intervention to manage or stabilize a participant's chronic or acute health conditions, thereby avoiding the need for hospitalization or the complications associated with unmanaged symptoms. A certified recreation therapist learns each individual's preferences and functional and cognitive abilities and tailors the recreation program accordingly, so that all participants experience a sense of accomplishment each day, in spite of their limitations. Each center also employs at least five program assistants who provide personal care and implement the programming. All ADHC staff members are highly qualified and experienced in the field of geriatrics and dementia.

### **Benefits**

LTC Services provided at the Adult Day Health Care centers are a key component of a progressive continuum of care for older adults and adults with disabilities. ADHC serves as a bridge from more independent programming, such as senior centers, to the more intense supervision provided at locations serving individuals with late stage Alzheimer's disease. If this level of care were not available to community members, participants would be at risk of being institutionalized, or placed in a community setting with inadequate staffing to meet their needs. ADHC allows individuals who might otherwise be in a nursing home to receive an appropriate level of care and remain in the community.

The value of this program extends into many facets of quality of life for both participants and caregivers. For participants, the program offers the opportunity to socialize, enjoy peer support, and to receive health services in a stimulating and supportive environment that promotes better physical and mental health. Each year the ADHC program surveys the caregivers to monitor the quality and impact of the services provided. According to the 2015 Annual Caregiver Satisfaction Survey respondents reported that 96 percent of family members benefitted overall from attending ADHC.

The ADHC program is as important to the caregivers as it is to the participants. Most caregivers are adult children caring for their frail elderly parents and also hold full or part time jobs. The stress of caregiving can lead to burnout, which can result in lost productivity at work and increased anxiety. According to the Family Caregiver Alliance National Center for Caregiving report in 2009, caregiver burnout is one of the main factors in the premature placement of a family member in a nursing home or assisted living facility.

Results from a Penn State University Study on caregivers' health status and stress levels, which Fairfax County ADHC caregivers participated in, revealed positive changes in stress hormones for caregivers on the days their family member attended ADHC compared to the days they did not. Receiving education and care coordination from staff, and knowing their loved one is being well cared for alleviates a great deal of caregiver stress. According to the 2015 Annual Caregiver Satisfaction Survey respondents reported that 93 percent of caregiver experienced less stress as a result of their family member attending ADHC.

The survey results clearly show that ADHC has many benefits that all lead to a higher quality of life for both the participants and their caregivers, not the least of which being able to keep families together living in the community.

#### **Mandates**

Long Term Care Services (Adult Day Health Care) are not mandated; however each center is licensed by the Virginia Department of Social Services and inspected annually to ensure compliance with standards and regulations.

## **Trends and Challenges**

The number of older adults in Fairfax County is increasing. There are an estimated 140,000 older adults (age 65 years and older) living in Fairfax County. According to the U.S. Census Bureau, that number is expected to grow to over 192,000 by 2030. Due to increasing life expectancies, a greater number of older adults are living with disabilities. The incidence of disabilities, from arthritis to Alzheimer's, doubles every five years after the age of 65. With the oldest baby boomers turning 75 in 2021, the demand for assistive services will accelerate rapidly after 2020.

This increase in the aging and disabled population is anticipated to create a greater demand for Long Term Care Services, and a continued need for alternatives to institutional care. According to the AARP, over 90 percent of older adults report a desire to remain in their own homes for as long as possible. ADHC provides a safe community-based alternative to nursing home placement for individuals needing a higher level of care across the LTC spectrum of services.

The ADHC Program is over 30 years old and at the time of its inception there were limited providers in the County offering this service. Over the years other providers in the community have demonstrated an ability and interest in expanding their capacity to provide adult day services. It is important to note that there has been a proliferation of long term care services to include home care agencies, assisted living facility memory units, the Program of All Inclusive Care for the Elderly (PACE) and other adult day programs offering alternatives to the County-operated ADHC Centers. The growth in service providers has, in part, resulted in a significant reduction in ADHC enrollment over the last 5 years. While the increase in options is a positive trend, many of these options are not affordable for individuals with limited income. Simultaneously, the County has experienced economic shortfalls reducing the available resources for each department. These long-term fiscal constraints have forced County departments to scrutinize the use of their limited resources to ensure that they are being used efficiently and to support programs/ services that align with their core mission. Waning enrollment, alternative community providers and limited County resources threaten the sustainability of the County-operated, non-mandated ADHC program. This presents an opportunity to explore alternative service delivery models that take advantage of new community resources while promoting a more sustainable program.

Category	FY 2014 Actual	FY 2015 Actual	FY 2016 Adopted	
LOB #150: Long-Term Care Services				
3	FUNDING			
Expenditures:				
Compensation	\$2,495,217	\$2,396,543	\$2,129,611	
Operating Expenses	121,316	155,478	120,922	
Total Expenditures	\$2,616,533	\$2,552,021	\$2,250,533	
General Fund Revenue	\$1,250,146	\$1,244,999	\$1,169,427	
Net Cost/(Savings) to General Fund	\$1,366,387	\$1,307,022	\$1,081,106	
	POSITIONS			
Authorized	Positions/Full-Time Equivalent	ts (FTEs)		
Positions:				
Regular	48 / 48	48 / 48	40 / 40	
Total Positions	48 / 48	48 / 48	40 / 40	

## Resources

## **Metrics**

Metric Indicator	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Estimate	FY 2017 Estimate
Average daily attendance of participants	105	96	95	97	100
ADHC clients per year	268	260	249	250	255
Net cost per ADHC client per day to the County*	\$78	\$93	\$89	\$84	\$72
Percent of ADHC clients/caregivers satisfied with services	97%	99%	99%	95%	95%
Percent of participants who met the criteria for institutional level of care who were able to remain in the community	93%	93%	92%	90%	90%

\*As approved in the <u>FY 2016 Adopted Budget Plan</u>, the Annandale ADHC will be closing mid-year FY 2016 and thus the net cost per ADHC client per day to the County will most likely be impacted in both FY 2016 and FY 2017.

The Adult Day Health Care Program (ADHC) has always provided a highly valued and high quality service with satisfaction surveys showing 99 to 100 percent satisfaction in the overall services provided. Even though 92 percent of the participants met the criteria for institutional level of care they were able to remain in the community, in part, due to the high quality of support services received at the ADHC. Despite high satisfaction levels and the increasing aging demographic, the ADHC program has been experiencing a slow decline in enrollment over the past five years in the average daily attendance and the total number of people served annually. There are several factors contributing to this trend. There has been an increase in other long term care options, such as more assisted living facilities with dementia units and an increase in the number of home health agencies offering in home care. There is also a lack of public awareness about the program especially in the ethnically diverse communities who tend to care for their frail elderly at home. As a result, none of the five ADHC centers met their service capacity in the last three years.

Noting the declining participation rate, the Board of Supervisors elected to close the Annandale ADHC Center by the end of December 2015 with assurances that all of the Annandale ADHC Center participants could be served in the remaining four centers located throughout the County. A comprehensive transition plan has been developed in order to minimize impact of the closure on the participants and their family. The program is striving to maintain its high quality standards; to continue to serve individuals of all income levels; to implement a new, more focused marketing campaign; and to explore other provider options to meet the needs of community members.

Ideas for improvements to the marketing plan were addressed in collaboration with the ADHC caregivers and the Department's Public Information office. A more focused marketing approach has been initiated in FY 2016 and includes presentations to physicians groups, enhancing the Department website, use of social networking, and concentrating more marketing efforts on the Hispanic and Ethiopian communities. By eliminating one center and improving the focus of the marketing efforts it is anticipated that the ADHC program will see a two percent growth rate in participation. With an increase in attendance and a reduction in overhead costs, it is anticipated that the net cost per service unit will decrease.