

Why Not Adult Day Health Care?

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South Carolina Department of Health and Human Services, Community Long Term Care Division, administers the Community Choices Waiver to more than sixteen thousand (16,000) medically and financially eligible South Carolina citizens. The mission of this agency is to purchase the most health for our citizens in need, at the least possible cost to the taxpayer. The waiver services are explained to the waiver participants and the participants and their families actively choose what services would be helpful and would enable the participant to remain in the community and avoid nursing home placement. Many services are available to participants through the Community Choices waiver. Community Long Term Care Nurse Consultants and Case Managers introduce and describe the various services to participants initially. Contract Case Managers provide on-going assistance to participants in gaining access to needed waiver services to maintain optimal health and to remain in the community.

The Adult Day Health Care service is the most cost-effective service offered through the Community Choices waiver. One (1) unit of Adult Day Health Care service consists of a minimum of five (5) hours at the facility and the facility is reimbursed fifty-two dollars and twenty-two cents (\$52.22) per unit which is ten dollars and forty-four cents (\$10.44) per hour. In comparison, the cost of one (1) unit of Personal Care Aide service, which is one (1) hour of in-home service is seventeen dollars (\$17.00) per unit. The cost of the Adult Day Health Care service is low and the duration of this service is high compared to other available services that provide supervision and hands-on assistance for participants.

The percentage of participants who choose to attend Adult Day Health Care is low compared to the percentage of participants who choose other hands-on services. At the initiation of the training plan for this project, sixteen thousand, five hundred and ninety six (16,596) participants were enrolled in Community Choices. Of this total waiver enrollment, eighty percent

(80%) received some type of in-home services. However, only thirteen percent (13%) of the enrolled participants received the service of Adult Day Health Care.

To increase the number of participants who utilize the service of Adult Day Health Care from thirteen percent (13%) of the enrollment to eighteen percent (18%) of the enrollment was the goal of this project. Being specific, measurable, attainable, relevant and timely were considered during the goal setting process.

For the service of Adult Day Health Care, the participant is transported from home to the facility where a licensed nurse and other certified nursing assistants care for the participant at least five (5) hours after which the participant is transported back to the home. The objective of the service is to restore, maintain and promote the health status of the participant by providing such activities as medical observation and supervision, assistance with personal care, therapeutic activities to stimulate mental activity, and meals and snacks to the participant each visit. (South Carolina Medicaid Home and Community Based Waiver. Scope of Services for Adult Day Health Care, page 1).

Since the cost is lower and the duration of the service is higher, Community Long Term Care seeks to increase the utilization of the Adult Day Health Care service in the Community Choices waiver. This project explored this issue and identified some reasons that this service is not utilized more often. Data and information were gathered from Community Choices waiver participants, Contract Case Managers and Adult Day Health Care providers. The findings were analyzed and studied and a plan of action developed. The percentage of participants receiving the service prior to and after the implementation of the plan of action was determined to see if the plan of action was effective.

Data was collected in order to identify the top three (3) reasons that this service is under-utilized. First, a telephone survey was conducted to a sampling of waiver participants who do not attend Adult Day Health Care service. Fifty (50) participants were called at random and asked one (1) question, and if no response was received, they were provided with three (3) reasons from which to choose. The Check Sheet Method was used to document results. This method was used to systematically record and compile data so patterns or trends can be clearly detected and shown (Michael Brassard, Diane Ritter, The Memory Jogger 2, page 26).

Second, a written anonymous survey of CLTC Contract Case Managers who are responsible for informing the participants about Adult Day Health Care service and for authorizing the service for participants was conducted. Two hundred and thirty-five (235) Contract Case Managers out of two hundred and eighty (280) total Contract Case Managers participated in the survey for a response rate of eighty-four percent (84%). Responses were recorded using Check Sheet Method to document results, compile data and identify patterns or trends.

Third, a written survey was mailed to eighty (80) Community Long Term Care Contracted Adult Day Health Care Administrators who are responsible for providing the service to determine what the provider views as reasons the service is not utilized more often. Twenty-four (24) surveys were returned for a response rate of thirty percent (30%). The Check Sheet Method was used to document these results.

Data analysis was completed and discussions and brainstorming meetings were performed with designated Community Long Term Care Staff. Key findings were determined and patterns and trends identified. Sixty percent (60%) of polled waiver participants are unaware of Adult Day Health Care service. Twenty-two percent (22%) of surveyed Contract Case Managers do not think Adult Day Health Care service is available for every participant. A total of seventy-eight (78) or

thirty-three percent (33%) of the Contract Case Managers do not explain the service to each participant. Of the twenty-four (24) surveys returned by the Adult Day Health Care providers, fifteen (15) responses stated the main reason participants did not choose Adult Day Health Care is due to the fact the participant is unaware of the service. (See Appendices I-VI)

Potential causes for the lower utilization of Adult Day Health Care service were explored using the collected data. Three main contributing factors were identified from the data collected. These three (3) specific factors were determined to be the following: 1.) Some Contract Case Managers lack the basic knowledge of Adult Day Health Care service. 2.) Some Contract Case Managers lack the understanding of how to discuss Adult Day Health Care service with participants. 3.) Some Contract Case Managers do not understand the benefits of Adult Day Health Care service.

Taking into consideration such barriers as a short time span for the training and the large geographical area of the entire state, a comprehensive but simple plan of action was created to implement the changes needed to increase the knowledge and understanding of Adult Day Health Care service by Contract Case Managers. Since Contract Case Managers work across the entire state and would not be convening as a group during this time period, it was decided that seven (7) segments containing information about Adult Day Health Care would be provided using electronic mail.

The thirteen (13) Community Long Term Care offices in the state are each led by an Area Administrator. At the November 2016 Area Administrator meeting, the implications from the collected data were clearly explained to the Area Administrators and the objectives of the training plan were presented and discussed to inform each Area Administrator of the plan. The importance of each Area Administrator having a good understanding of the objectives and focusing on

improving the understanding of the service was emphasized. During the period of November 28, 2016 to January 31, 2017, Adult Day Health Care information was sent to each Area Office Area Administrator via electronic mail. The Area Administrator in turn disseminated the information to each Area Office State Nurse Consultant, State Case Manager and Contract Case Manager. Suggestions for conversations and discussions were also created to assist the Area Administrator with answering questions and initiating dialogue with staff. The timeframe for the plan of action to be distributed and discussed about Adult Day Health Care service was a nine (9) week duration. The cost of this training to the agency was minimal as all information and educational tools had been previously developed and were available to be used free of charge.

A short educational segment was sent to each Contract Case Manager every one (1) to two (2) weeks during the nine (9) week duration. The first segment focused on the objective of Adult Day Health Care service and included a short explanation of the service. During the first segment, all Nurse Consultants were instructed to introduce the concept of Adult Day Health Care during every initial assessment. The second segment provided information and tips such as Adult Day Health Care is a valuable service and available to all participants. The third segment provided a link to a video at CLTC eLearning. Identified misunderstandings (labeled as "Myths") and truths were shared during the fourth segment of the training. For segment five, the Contract Case Managers were directed to read a brochure that was previously created by Community Long Term Care Trainers titled "Adult Day Health Care-A Good Alternative." During segment six, the Contract Case Managers were asked to view the promotional video produced by the State of South Carolina Adult Day Health Care Association. On the final segment of the training, inspirational stories regarding real participants and Adult Day Health Care experiences were shared.

Several potential obstacles to the training were identified. It was recognized that the Area Administrators should have been included more during the data analysis and plan of action development to ensure everyone involved shared the vision and clearly understood the objectives and expectations. The timeframe of the plan of action occurred during the two major state holidays when the focus of workers may not have been directed towards work information as compared to other times of the calendar year. In addition, although the training module was designed to be completed in a few minutes every week or two, and to be easily read, it cannot be verified that every person intended to read the information actually read the information. Considering these obstacles, each training information segment was developed to be short, interesting and concise.

Potential resources for the plan of action were explored. Community Long Term Care had previously created many training and informational documents about Adult Day Health Care including a training module and a promotional brochure. The Adult Day Health Care State Association had a promotional video available for use. These resources were utilized for the training segments which were available at no cost or no work in development.

Communication with key stakeholders was viewed as a most important factor during this process. The objectives and trainings were discussed with a positive tone on all occasions explaining the affirmative outcomes and benefits for the participant from the training. The training segments were consciously developed to be friendly and positive, concise and simple. Conversations and meetings were conducted with the State of South Carolina Adult Day Health Care State Association group to convey cooperation and improve utilization of this service rather than to create suspicion or mistrust from the leaders of the industry.

Total enrollment in the Community Choices waiver at the end of November 2016, was sixteen thousand, three hundred and fifteen (16,315) participants. Statewide, two thousand, two

hundred and four (2,204) participants attended Adult Day Health Care. Thirteen and one-half percent (13.5%) of the Community Choices population utilized the service.

On January 31, 2017, the Community Choices Waiver enrollment was sixteen thousand, four-hundred and twenty six (16,426) participants. Statewide, two thousand, two hundred and sixteen (2,216) participants attended Adult Day Health Care. Thirteen and one-half percent (13.5%) of the Community Choices population utilized the Adult Day Health Care service. (See Appendix VII)

In summary, Adult Day Health Care service provides a longer service to the participant at a lesser cost to the state. Historically, this service is under-utilized in comparison to other waiver services that cost more. Data was collected and analyzed and contributing factors identified. A simple plan of action was implemented to provide increased awareness and program facts to Contract Case Managers. After the plan of action was completed, the percentage of waiver participants attending Adult Day Health Care services remained the same.

Although the percentage did not increase, the number of participants using Adult Day Health Care did increase. Participants may have exited the waiver due to death, moving out of state or becoming ineligible for the waiver due to medical or financial changes. It is significant to note that the percentage of utilization of the service did increase in two (2) Area Offices.

The percentage of participants utilizing Adult Day Health Care services were determined at the beginning and the end of the nine (9) week plan of action with no significant change in the number. Perhaps these numbers should be tracked for three (3) to four (4) additional months to determine if the plan of action was successful.

Another additional change that may improve the outcome of this project would be to set a goal of increase for each Area Office. When the goal is specific and measurable, each Area Office can be held accountable for the goal and may be more likely to achieve it.

Instilling a process improvement mentality in an organization is difficult. Requiring others to think differently than we are accustomed to takes the development of a clear vision, excellent understanding, exceptional communication, development of a sound plan of action and constant evaluation during the process. The benefit of process improvement is long term and not just to patch up a procedure as problems occur.

In conclusion, increasing the utilization of Adult Day Health Care in the Community Choices plan of care continues to be a need for the Community Long Term Care Division. The valuable information obtained will be used to continue educational efforts to the Contract Case Managers to improve knowledge and understanding of this service. Additionally, secondary information obtained will be studied and used to identify other ways to increase the percentage of Community Choices participants who choose this service.

- Telephone Survey Results
- Surveyed 50 Random Community Choices Waiver Participants who do not attend Adult Day Health Care
- 11/07/2016 to 11/28/2016
- Question asked – Why do you not attend Adult Day Health Care?

Responses	
Unaware of service	30
Do not want to leave home	13
Other such as not interested	7

- Written Survey Results
- Surveyed 235 Community Long Term Care Contract Case Managers
- 09/26/2016
- Responses to 4 questions recorded

1. Adult Day Health Care is a service available to all Community Choices participants.	Agree – 180	Disagree – 52	No Opinion – 3
2. As a Case Manager, I thoroughly explain Adult Day Health Care Service to each Community Choices waiver participant that I serve no matter what the situation is.	Agree – 147	Disagree – 78	No Opinion – 10
3. As a Case Manager, I explain Adult Day Health Care service to only certain Community Choices participants.	Agree – 79	Disagree – 144	No Opinion – 10
4. I think Adult Day Health Care is a valuable service.	Agree – 208	Disagree – 18	No Opinion - 8

- Mailed Written Survey Results
- Survey mailed to 80 Contract Adult Day Health Care Facility Administrators
- 24 Surveys returned
- 11/08/2016 to 11/28/2016
- Top 3 responses recorded in each category

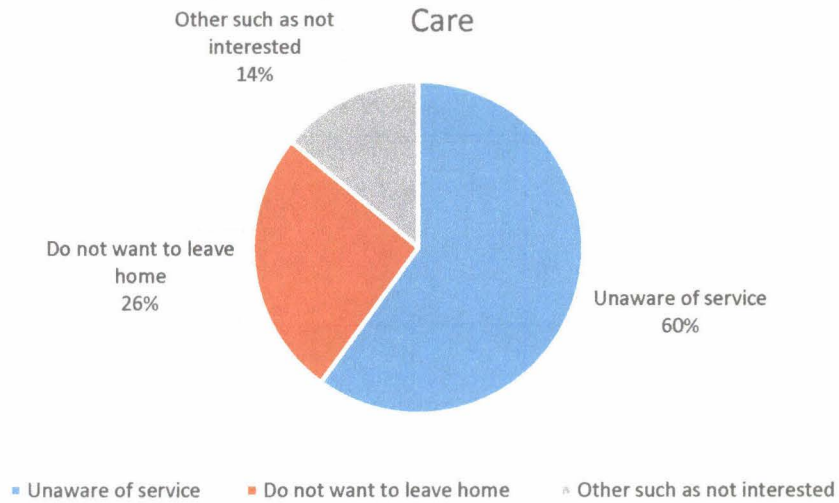
1. List reasons why more CLTC participants do not choose Adult Day Health Care

Participant unaware of service	15
Participant does not want to leave home	5
Health reasons	3
Negative connotations	1

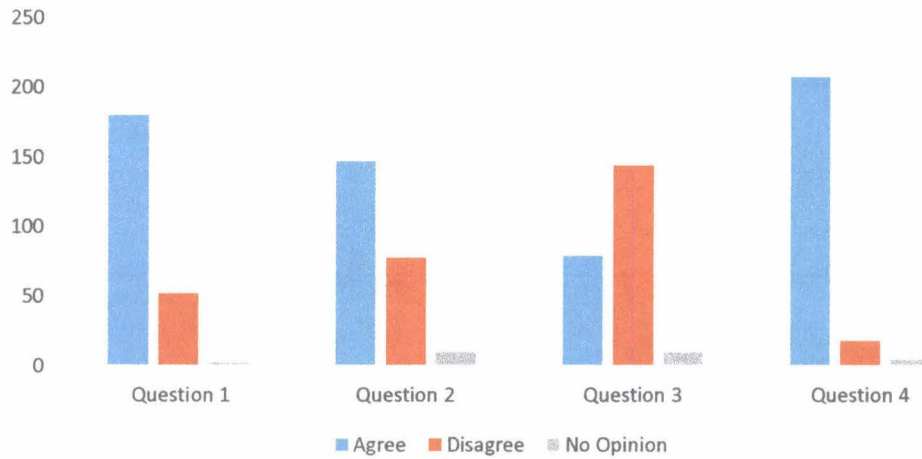
2. List ideas to increase Adult Day Health Care service utilization.

Case Manager education	19
Allow Adult Day Health Care facilities to advertise	3
Promote the service to doctor offices	2

Telephone Survey Results
50 Random Community Choices Waiver Participants
Reasons Why Participants Do Not Attend Adult Day Health
Care



Written Survey Results
 235 Community Long Term Care Case Managers
 Responses to Four Questions



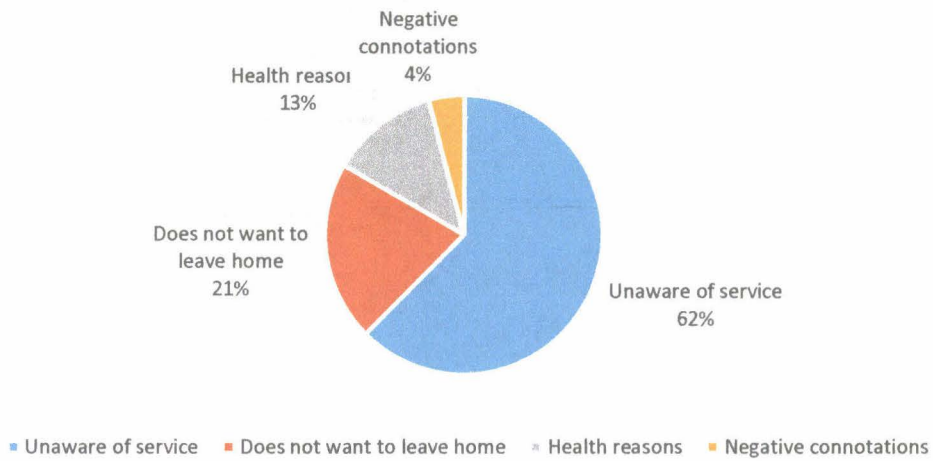
Question 1: Adult Day Health Care is a service available to all Community Choices participants.

Question 2: As a Case Manager, I thoroughly explain Adult Day Health Care Service to each Community Choices waiver participant that I serve no matter what the situation is.

Question 3: As a Case Manager, I explain Adult Day Health Care service to only certain Community Choices participants.

Question 4: I think Adult Day Health Care is a valuable service.

Mailed Written Survey Results
24 Contract Adult Day Health Care Facility Administrators
Reasons Why CLTC Participants Do Not Choose Adult Day
Health Care



- Community Choices Waiver Participants receiving Adult Day Health Care by Area Office
- November 2016 to January 2017

Area Office	Participants			Units		
	November	January	Change %	November	January	Difference
Aiken	52	52	0.0%	234	218	-6.8%
Anderson	90	85	-5.6%	388	372	-4.1%
Charleston	197	193	-2.0%	942	905	-3.9%
Columbia	347	353	1.7%	1,596	1,619	1.4%
Conway	341	349	2.3%	1,629	1,646	1.0%
Florence	415	417	0.5%	1,949	1,966	0.9%
Greenville	171	173	1.2%	824	842	2.2%
Greenwood	83	82	-1.2%	339	350	3.2%
Orangeburg	120	118	-1.7%	567	562	-0.9%
Ridgeland	70	69	-1.4%	321	330	2.8%
Rock Hill	206	207	0.5%	969	979	1.0%
Spartanburg	112	118	5.4%	513	523	1.9%
Grand Total	2,204	2,216	0.5%	10,271	10,312	-0.4%