

| <b>Home &amp; Community Based Health Services</b>  | <b>Pg</b> |
|--|-----------|
| <b>Service Category Definition – Part B</b><br>- Home and Community-Based Health Services (Facility-Based) | <b>1</b>  |
| <b>Home and Community Based Health Services Chart Review</b><br>- The Resource Group, 2019                 | <b>4</b>  |
| <b>What Is Adult Day Care and How Can it Help Caregivers?</b><br>- AARP, October 2019                      | <b>11</b> |
| <b>Adult Day Health Care - www.VA.gov, October 2018</b>  | <b>14</b> |
| <b>The Benefits of Adult Day Care</b><br>– longtermsol.com, February 2016                                  | <b>16</b> |

|   |  |
|---|--|
| Local Service Category:   | <b>Home and Community-Based Health Services (Facility-Based)</b>   |
| Amount Available:   | <b>To be determined</b>  |
| Unit Cost   |  |
| Budget Requirements or Restrictions:                                | Maximum of 10% of budget for Administrative Cost   |
| DSHS Service Category Definition:                                   | <p>Home and Community-Based Health Care Services are therapeutic, nursing, supportive and/or compensatory health services provided by a licensed/certified home health agency in a home or community-based setting in accordance with a written, individualized plan of care established by a licensed physician. Home and Community-Based Health Services include the following:</p> <ul style="list-style-type: none"> <li>• <b>Para-professional care</b> is the provision of services by a home health aide, personal caretaker, or attendant caretaker. This definition also includes non-medical, non-nursing assistance with cooking and cleaning activities to help clients remain in their homes.</li> <li>• <b>Professional care</b> is the provision of services in the home by licensed health care workers such as nurses.</li> <li>• <b>Specialized care</b> is the provision of services that include intravenous and aerosolized treatment, parenteral feeding, diagnostic testing, and other high-tech therapies. physical therapy, social worker services.</li> </ul> <p>Home and Community-Based Health Care Providers work closely with the multidisciplinary care team that includes the client's case manager, primary care provider, and other appropriate health care professionals.</p> <p>Allowable services include:</p> <ul style="list-style-type: none"> <li>• Durable medical equipment</li> <li>• Home health aide and personal care services</li> <li>• Day treatment or other partial hospitalization services</li> <li>• Home intravenous and aerosolized drug therapy (including prescription drugs administered as part of such therapy)</li> <li>• Routine diagnostic testing</li> <li>• Appropriate mental health, developmental, and rehabilitation services</li> <li>• Specialty care and vaccinations for hepatitis co-infection, provided by public and private entities</li> </ul> |
| Local Service Category Definition:                                  | <i>Home and Community-based Health Services (facility-based)</i> is defined as a day treatment program that includes Physician ordered therapeutic nursing, supportive and/or compensatory health services based on a written plan of care established by an interdisciplinary care team that includes appropriate healthcare professionals and paraprofessionals. Services include skilled nursing, nutritional counseling, evaluations and education, and additional therapeutic services and activities. Inpatient hospitals services, nursing home and other long-term care facilities are <b>NOT</b> included.  |
| Target Population (age, gender, geographic, race, ethnicity, etc.): | Eligible recipients for home and community-based health services are persons living with HIV residing within the Houston HIV Service Delivery Area (HSDA) who are at least 18 years of age.  |
| Services to be Provided:  | <p>Community-Based Health Services are designed to support the increased functioning and the return to self-sufficiency of clients through the provision of treatment and activities of daily living. Services must include:</p> <ul style="list-style-type: none"> <li>• <b>Skilled Nursing:</b> Services to include medication administration, medication supervision, medication ordering, filling pill box, wound dressing changes, straight catheter insertion, education of family/significant others in patient</li> </ul>  |

|                             |  |
|-----------------------------|--|
|                             | <p>care techniques, ongoing monitoring of patients' physical condition and communication with attending physicians (s), personal care, and diagnostics testing.</p> <ul style="list-style-type: none"> <li>• <b>Other Therapeutic Services:</b> Services to include recreational activities (fine/gross motor skills and cognitive development), replacement of durable medical equipment, information referral, peer support, and transportation.</li> <li>• <b>Nutrition:</b> Services to include evaluation and counseling, supplemental nutrition, and daily nutritious meals.</li> <li>• <b>Education:</b> Services to include instructional workshops of HIV related topics and life skills.</li> </ul> <p>Services will be provided at least Monday through Friday for a minimum of 10 hours/day.</p> |
| Service Unit Definition(s): | A unit of service is defined as one (1) visit/day of care for one (1) client for a minimum of four hours. Services consist of medical health care and social services at a licensed adult day.   |
| Financial Eligibility:      | Income at or below 300% of Federal Poverty Guidelines  |
| Client Eligibility:         | People living with HIV at least 18 years of age residing within the Houston HSDA.  |
| Agency Requirements:        | Must be licensed by the Texas Department of Aging and Disability Services (DADS) as an Adult Day Care provider.  |
| Staff Requirements:         | <ul style="list-style-type: none"> <li>• <b>Skilled Nursing Services</b> must be provided by a Licensed Vocational or Registered Nurse.</li> <li>• <b>Other Therapeutic Services</b> are provided by paraprofessionals, such as an activities coordinator, and counselors (LPC, LMSW, and LMFTA).</li> <li>• <b>Nutritional Services</b> are provided by a Registered Dietician and food managers.</li> <li>• <b>Education Services</b> are provided by a health educator.</li> </ul>  |
| Special Requirements:       | Must comply with the Houston EMA/HSDA Standards of Care. The agency must comply with <b>the DSHS Home and Community-Based Health Services Standards of Care</b> and <b>Houston HSDA</b> . The agency must have policies and procedures in place that comply with the standards <i>prior</i> to delivery of the service.  |

***FY 2021 RWPC “How to Best Meet the Need” Decision Process***

|   |  |  |
|---|--|--|
| <b>Step in Process: Council</b>                       |  | Date: <b>06/11/2020</b>                      |
| Recommendations:                                      | Approved: Y: _____ No: _____<br>Approved With Changes: _____ | If approved with changes list changes below: |
| 1.  |  |  |
| 2.  |  |  |
| 3.  |  |  |
| <b>Step in Process: Steering Committee</b>            |  | Date: <b>06/04/2020</b>                      |
| Recommendations:                                      | Approved: Y: _____ No: _____<br>Approved With Changes: _____ | If approved with changes list changes below: |
| 1.  |  |  |
| 2.  |  |  |
| 3.  |  |  |
| <b>Step in Process: Quality Improvement Committee</b> |  | Date: <b>05/19/2020</b>                      |
| Recommendations:                                      | Approved: Y: _____ No: _____<br>Approved With Changes: _____ | If approved with changes list changes below: |
| 1.  |  |  |
| 2.  |  |  |
| 3.  |  |  |
| <b>Step in Process: HTBMTN Workgroup #3</b>           |  | Date: <b>04/22/2020</b>                      |
| Recommendations:                                      | Financial Eligibility:                                       |  |
| 1.  |  |  |
| 2.  |  |  |
| 3.  |  |  |



HOME & COMMUNITY-BASED HEALTH SERVICES  
2019 CHART REVIEW REPORT

## PREFACE

### DSHS Monitoring Requirements

The Texas Department of State Health Services (DSHS) contracts with The Houston Regional HIV/AIDS Resource Group, Inc. (TRG) to ensure that Ryan White Part B and State of Texas HIV Services funding is utilized to provide in accordance to negotiated Priorities and Allocations for the designated Health Service Delivery Area (HSDA). In Houston, the HSDA is a ten-county area including the following counties: Austin, Chambers, Colorado, Fort Bend, Harris, Liberty, Montgomery, Walker, Waller, and Wharton. As part of its General Provisions for Grant Agreements, DSHS also requires that TRG ensures that all Subgrantees comply with statutes and rules, perform client financial assessments, and delivery service in a manner consistent with established protocols and standards.

As part of those requirements, TRG is required to perform annual quality compliance reviews on all Subgrantees. Quality Compliance Reviews focus on issues of administrative, clinical, data management, fiscal, programmatic, and quality management nature. Administrative review examines Subgrantee operating systems including, but not limited to, non-discrimination, personnel management and Board of Directors. Clinical review includes review of clinical service provision in the framework of established protocols, procedures, standards and guidelines. Data management review examines the Subgrantee's collection of required data elements, service encounter data, and supporting documentation. Fiscal review examines the documentation to support billed units as well as the Subgrantee's fiscal management and control systems. Programmatic review examines non-clinical service provision in the framework of established protocols, procedures, standards and guidelines. Quality management review ensures that each Subgrantee has systems in place to address the mandate for a continuous quality management program.

### QM Component of Monitoring

As a result of quality compliance reviews, the Subgrantee receives a list of findings that must be address. The Subgrantee is required to submit an improvement plan to bring each finding into compliance. This plan is monitored as part of the Subgrantee's overall quality management monitoring. Additional follow-up reviews may occur (depending on the nature of the finding) to ensure that the improvement plan is being effectively implemented.

### Scope of Funding

TRG contracts with one Subgrantee to provide Home and Community-Based Health Services in the Houston HSDA.

## INTRODUCTION

### Description of Service

Home and Community-based Health Services (facility-based) is defined as a day treatment program that includes Physician ordered therapeutic nursing, supportive and/or compensatory health services based on a written plan of care established by an interdisciplinary care team that includes appropriate healthcare professionals and paraprofessionals. Services include skilled nursing, nutritional counseling, evaluations and education, and additional therapeutic services and activities. **Skilled Nursing:** Services to include medication administration, medication supervision, medication ordering, filling pill box, wound dressing changes, straight catheter insertion, education of family/significant others in patient care techniques, ongoing monitoring of patients' physical condition and communication with attending physicians (s), personal care, and diagnostics testing. **Other Therapeutic Services:** Services to include recreational activities (fine/gross motor skills and cognitive development), replacement of durable medical equipment, information referral, peer support, and transportation. **Nutrition:** Services to include evaluation and counseling, supplemental nutrition, and daily nutritious meals. **Education:** Services to include instructional workshops of HIV related topics and life skills. *Inpatient hospitals services, nursing home and other long-term care facilities are NOT included.*

### Tool Development

The TRG Home and Community Based Services Review tool is based upon the established local and DSHS standards of care.

### Chart Review Process

All charts were reviewed by Bachelors-degree registered nurse experienced in treatment, management, and clinical operations in HIV of over 10 years. The collected data for each site was recorded directly into a preformatted computerized database. The data collected during this process is to be used for service improvement.

### File Sample Selection Process

Using the ARIES database, a file sample was created from a provider population of 38 who accessed home and community-based Health Services in the measurement year. The records of 23 clients were reviewed for the annual review process. The demographic makeup of the provider was used as a key to file sample pull.

**DEMOGRAPHICS**  
**HOME AND COMMUNITY BASED SERVICES**

**2018 Annual**

**Total UDC: 38 Total New: 2**

| Age  | Number of Clients | % of Total  |
|--|-------------------|-------------|
| Client's age as of the end of the reporting period |                   |             |
| Less than 2 years                                  | 0                 | 0.00%       |
| 02 - 12 years                                      | 0                 | 0.00%       |
| 13 - 24 years                                      | 3                 | 7.89%       |
| 25 - 44 years                                      | 13                | 34.21%      |
| 45 - 64 years                                      | 21                | 55.26%      |
| 65 years or older                                  | 1                 | 2.63%       |
| Unknown  | 0                 | 0.00%       |
|  | <b>38</b>         | <b>100%</b> |
| Gender   | Number of Clients | % of Total  |
| "Other" and "Refused" are counted as "Unknown"     |                   |             |
| Female   | 10                | 26.32%      |
| Male   | 27                | 71.05%      |
| Transgender FTM                                    | 0                 | 0.00%       |
| Transgender MTF                                    | 1                 | 2.63%       |
| Unknown  | 0                 | 0.00%       |
|  | <b>38</b>         | <b>100%</b> |
| Race/Ethnicity                                     | Number of Clients | % of Total  |
| Includes Multi-Racial Clients                      |                   |             |
| White  | 4                 | 10.53%      |
| Black  | 21                | 55.26%      |
| Hispanic   | 13                | 34.21%      |
| Asian  | 0                 | 0.00%       |
| Hawaiian/Pacific Islander                          | 0                 | 0.00%       |
| Indian/Alaskan Native                              | 0                 | 0.00%       |
| Unknown  | 0                 | 0.00%       |
|  | <b>38</b>         | <b>100%</b> |

From 01/01/18 - 12/31/18

**2019 Annual**

**Total UDC: 27 Total New: Unk**

| Age  | Number of Clients | % of Total  |
|--|-------------------|-------------|
| Client's age as of the end of the reporting period |                   |             |
| Less than 2 years                                  | 0                 | 0.0%        |
| 02 - 12 years                                      | 0                 | 0.0%        |
| 13 - 24 years                                      | 1                 | 3.7%        |
| 25 - 44 years                                      | 0                 | 0.0%        |
| 45 - 64 years                                      | 23                | 85.2%       |
| 65 years or older                                  | 3                 | 11.1%       |
| Unknown  | 0                 | 0.00%       |
|  | <b>27</b>         | <b>100%</b> |
| Gender   | Number of Clients | % of Total  |
| "Other" and "Refused" are counted as "Unknown"     |                   |             |
| Female   | 5                 | 18.5%       |
| Male   | 22                | 81.5%       |
| Transgender FTM                                    | 0                 | 0.0%        |
| Transgender MTF                                    | 0                 | 0.0%        |
| Unknown  | 0                 | 0.0%        |
|  | <b>27</b>         | <b>100%</b> |
| Race/Ethnicity                                     | Number of Clients | % of Total  |
| Includes Multi-Racial Clients                      |                   |             |
| White  | 11                | 40.7%       |
| Black  | 16                | 59.3%       |
| Hispanic   | 4*                | 14.8%       |
| Asian  | 0                 | 0.00%       |
| Hawaiian/Pacific Islander                          | 0                 | 0.00%       |
| Indian/Alaskan Native                              | 0                 | 0.00%       |
| Unknown  | 0                 | 0.00%       |
|  | <b>27</b>         | <b>100%</b> |

From 01/01/19 - 12/31/19





## RESULTS OF REVIEW- 2018

### Initial Assessment

Percentage of clients who have documentation that the client was contacted within one (1) business day of referral to Home and Community-Based Health Services.

|  | Yes        | No         | N/A        |
|--|------------|------------|------------|
| Number of client records that showed evidence of the measure | 1          | 1          | 21         |
| Number of client records that were reviewed.                 | 2          | 2          | 23         |
| Rate   | <b>50%</b> | <b>50%</b> | <b>91%</b> |

Percentage of clients who have documentation that services were initiated at the time specified by the primary medical care provider, or within two (2) business days, whichever is earlier.

|  | Yes        | No         | N/A        |
|--|------------|------------|------------|
| Number of client records that showed evidence of the measure | 16         | 2          | 5          |
| Number of client records that were reviewed.                 | 18         | 18         | 23         |
| Rate   | <b>89%</b> | <b>11%</b> | <b>22%</b> |

Percentage of clients who have documentation that a needs assessment was completed in the client's primary record.

|  | Yes        | No         | N/A        |
|--|------------|------------|------------|
| Number of client records that showed evidence of the measure | 18         | 2          | 3          |
| Number of client records that were reviewed.                 | 20         | 20         | 23         |
| Rate   | <b>90%</b> | <b>10%</b> | <b>13%</b> |

Percentage of clients who have documentation in the client's primary record of a comprehensive evaluation of client's health, psychosocial status, functional status, and home environment, as completed by the home and community-based health agency provider.

|  | Yes        | No         | N/A        |
|--|------------|------------|------------|
| Number of client records that showed evidence of the measure | 18         | 2          | 3          |
| Number of client records that were reviewed.                 | 20         | 20         | 23         |
| Rate   | <b>90%</b> | <b>10%</b> | <b>13%</b> |

### Implementation of Care Plan

Percentage of clients who have documentation of a care plan completed based on the primary medical care provider's order as indicated in the client's primary

|  | Yes        | No         | N/A       |
|--|------------|------------|-----------|
| Number of client records that showed evidence of the measure | 18         | 4          | 1         |
| Number of client records that were reviewed.                 | 22         | 22         | 23        |
| Rate   | <b>82%</b> | <b>18%</b> | <b>4%</b> |

Percentage of clients who have documentation that care plan has been reviewed and/or updated as necessary based on changes in the client's situation at least every sixty (60) calendar days as evidenced in the client's primary record

|  | Yes       | No          | N/A |
|--|-----------|-------------|-----|
| Number of client records that showed evidence of the measure | 0         | 23          | -   |
| Number of client records that were reviewed.                 | 23        | 23          | -   |
| Rate   | <b>0%</b> | <b>100%</b> | -   |

**Provision of Service**

Percentage of clients who documentation of ongoing communication with the primary medical care provider and care coordination team as indicated in the client's primary record.

|  | Yes        | No         | N/A       |
|--|------------|------------|-----------|
| Number of client records that showed evidence of the measure | 18         | 3          | 2         |
| Number of client records that were reviewed.                 | 21         | 21         | 23        |
| Rate   | <b>86%</b> | <b>14%</b> | <b>9%</b> |

Percentage of client records show documentation in the primary care record from the home and community-based provider on progress throughout the course of treatment, including evidence that the client is not in need of acute care.

|  | Yes        | No        | N/A       |
|--|------------|-----------|-----------|
| Number of client records that showed evidence of the measure | 20         | 2         | 1         |
| Number of client records that were reviewed.                 | 22         | 22        | 23        |
| Rate   | <b>91%</b> | <b>9%</b> | <b>4%</b> |

**Coordination of Services**

Percentage of clients who show a referral to an appropriate service provider as indicated in the client's primary record.

|  | Yes       | No          | N/A        |
|--|-----------|-------------|------------|
| Number of client records that showed evidence of the measure | 0         | 1           | 22         |
| Number of client records that were reviewed.                 | 1         | 1           | 23         |
| Rate   | <b>0%</b> | <b>100%</b> | <b>96%</b> |

Percentage of clients who show a referral follow-up to an appropriate service provider as indicated in the client's primary record.

|  | Yes       | No          | N/A        |
|--|-----------|-------------|------------|
| Number of client records that showed evidence of the measure | 0         | 1           | 22         |
| Number of client records that were reviewed.                 | 1         | 1           | 23         |
| Rate   | <b>0%</b> | <b>100%</b> | <b>96%</b> |

**Documentation**

Percentage of clients who have documentation that progress notes have been kept in the client's primary record and written the day that services were rendered.

|  | Yes        | No        | N/A       |
|--|------------|-----------|-----------|
| Number of client records that showed evidence of the measure | 20         | 2         | 1         |
| Number of client records that were reviewed.                 | 22         | 22        | 23        |
| Rate   | <b>91%</b> | <b>9%</b> | <b>4%</b> |

Percentage of clients who have documentation that progress notes have been kept in the client's primary record and written the day that services were rendered

|  | Yes        | No        | N/A       |
|--|------------|-----------|-----------|
| Number of client records that showed evidence of the measure | 20         | 2         | 1         |
| Number of client records that were reviewed.                 | 22         | 22        | 23        |
| Rate   | <b>91%</b> | <b>9%</b> | <b>4%</b> |

**Transfer/Discharge**

Percentage of clients who document a transfer plan developed, as applicable, with referral to an appropriate service provider agency as indicated in the client's primary record.

|  | Yes       | No          | N/A        |
|--|-----------|-------------|------------|
| Number of client records that showed evidence of the measure | 0         | 1           | 22         |
| Number of client records that were reviewed.                 | 1         | 1           | 23         |
| Rate   | <b>0%</b> | <b>100%</b> | <b>96%</b> |

Percentage of clients who have documentation of discharge plan developed with client, as applicable, as indicated in the agency as indicated in the client's primary record.

|  | Yes        | No         | N/A        |
|--|------------|------------|------------|
| Number of client records that showed evidence of the measure | 10         | 2          | 11         |
| Number of client records that were reviewed.                 | 12         | 12         | 23         |
| Rate   | <b>83%</b> | <b>17%</b> | <b>48%</b> |

**CONCLUSIONS**

Overall, quality of services provided meets or exceeds minimum thresholds. Of the client records 90% had a needs assessment and comprehensive assessment. Care planning was documented in 82% of the files reviewed and 86% documented coordination with the primary care provider. A change in the review tool, resulted in no assessment of comorbidities this review period.

## What Is Adult Day Care and How Can it Help Caregivers?

AARP, Updated October 3, 2019 | Comments: 3

[En español](#) | Adult day care programs can provide caregivers with a needed break while giving older adults a chance to socialize with their peers and remedy the isolation and loneliness many experience.

In 2016, the most recent year for which figures were available, about 4,600 adult day care centers across the nation served more than 286,000 participants, according to the National Center for Health Statistics.

Evidence shows that older people who attend these centers have a better quality of life. A [2017 review](#) of research on adult day care programs published in the journal *The Gerontologist* found they provided health, psychological and behavioral benefits for participants, particularly those with dementia and other cognitive impairments.

Arranging for a loved one to spend time in adult day care also can have beneficial effects on a [caregiver's wellbeing](#).

A study published in the *American Journal of Geriatric Psychiatry* in 2014 looked at 151 caregivers who take care of people with dementia. In an eight-day period, the caregivers showed higher levels of DHEA-S — a chemical that helps protect the body against the damaging effects of stress and may reduce the risks of illness — on days after their loved ones spent time in adult day care. Regular use of such services allowed caregivers' bodies “to mount a protective and restorative response to the physiologic demands of caregiving,” the report concluded.

While traditional community senior centers can be a great place for healthy older people who don't have major physical or cognitive disabilities to exercise or take classes, adult day care centers serve those who need more supervision and services. More than half of older people who attend adult day care have some degree of cognitive impairment, according to the National Adult Day Services Association, an industry group.

### Adult day services available

Centers may vary in their programs and services, the association says. But most offer therapeutic exercise, mental interaction for participants, social activities appropriate for their condition and help with personal care such as grooming and using the toilet.

They often provide meals and snacks, including special diets for those who need them, and door-to-door transportation for participants.

Some centers focus on specific areas of care:

- **Social centers** concentrate on meals and recreation while providing some health-related services.
- **Medical/health programs** provide more intensive health and therapeutic services in addition to social activities.
- **Specialized centers** take participants who have only a particular condition, such as those diagnosed with dementia.

Nonprofit organizations, such as medical centers or senior organizations, run more than three quarters of adult day care centers. They normally operate on weekdays during regular business hours though some offer weekend or evening services as well.

## Day care costs

Costs for adult day care can range from as little as \$25 to more than \$100 a day, depending upon factors such as what services are offered, according to the U.S. Administration on Aging. The average cost is just under \$70 a day.

While Medicare generally doesn't cover the fees, financial assistance may be possible through other government programs, such as Medicaid, the Veterans Health Administration and state agencies. That means adult day care may be a more affordable option for caregivers [seeking help and respite](#) than hiring a worker to provide in-home care.

## When to consider adult day care

The National Adult Day Services Association suggests caregivers look into day care when they start seeing signs that an older loved one:

- **Is unable to structure** his or her own daily activities
- **Feels isolated and lonely** and wishes for interaction with other older people
- **Experiences anxiety** or depression and needs social and emotional support
- **Has difficulty starting and focusing** on an activity whether it's conversation, reading or watching TV
- **Seems to be no longer safe** on his or her own or feels uncertain and anxious about being alone.

Family caregivers also might consider adult day services when they need to work or be away from home for most of the day or if they are themselves experiencing ill effects such as anxiety, frustration, depression or health problems.

## Finding and evaluating programs

To find adult day care programs in your area, you can type your zip code into National Adult Day Services Association's [searchable directory](#) or contact your local Area Agency on Aging, which you can find via the federal government's [Eldercare Locator](#) or by calling 800-677-1116.

Once you identify a center that seems to meet your loved one's needs, the next step is to visit the facility. The association recommends asking some basic operational questions such as these:

- **How long** has the center been in operation?
- **What licenses**, certifications and accreditation does it have?
- **What's the ratio of staff** to attendees (the lower the better), and what kind of training do employees receive?
- **What days and hours** is it open?
- **What's the policy on late arrivals** or pickups if you won't be using transit services that the center provides?

You'll also want to explore the facility's full range of services.

Does it offer physical, occupational or speech therapy? Nearly half of centers do. Does it have specialized care for conditions such as memory loss?

Ask whether the center creates individual service plans for attendees, how often those plans are updated and whether you can provide input.

Spend some time simply observing the center itself. Does it seem clean and generally pleasant?

Is the furniture comfortable and sturdy, and is the facility wheelchair accessible? Is there a quiet area where your loved one can relax if he or she feels the need for a break?

Are the restrooms conveniently located with grab bars and space for wheelchairs? Pay attention, too, to how the staff and attendees interact and whether they seem comfortable with one another.

## **Helping your loved one adjust**

The transition to attending adult day care can be stressful for an older person with dementia. The Alzheimer's Association suggests a gradual approach.

Once you've vetted a center, take your loved one there for lunch or an activity. Then start using its services a couple of times a week for a month or so before making a final decision about enrolling.

Your loved one may resist adult day care at first, but participants often warm to it after several weeks and begin looking forward to seeing other people at the center and engaging in activities, the association says. If the program doesn't seem to be working out for your family member, you might take them out of the program for a time and try reintroducing them to the center later on.

*Editor's note: This article, originally created in 2012, has been updated with more recent information.*

# Adult Day Health Care



## What is Adult Day Health Care?

Adult Day Health Care is a program Veterans can go to during the day for social activities, peer support, companionship, and recreation.

The program is for Veterans who need skilled services, case management and help with activities of daily living. Examples include help with bathing, dressing, fixing meals or taking medicines. This program is also for Veterans who are isolated or their caregiver is experiencing burden. Adult Day Health Care can be used in combination with other Home and Community Based Services.

Health services such as care from nurses, therapists, social workers, and others may also be available. Adult Day Health Care can provide respite care for a family caregiver and can also help Veterans and their caregiver gain skills to manage the Veteran's care at home.

The program may be provided at VA medical centers, State Veterans Homes, or community organizations. For a list of State Veterans Homes locations, visit [www.nasvh.org](http://www.nasvh.org).

## Am I eligible for Adult Day Health Care?

Since Adult Day Health Care is part of the VHA Standard Medical Benefits Package, all enrolled Veterans are eligible IF they meet the clinical need for the service and it is available.

A copay for Adult Day Health Care may be charged based on your VA service-connected disability status and financial information. Contact your VA social worker/case manager to complete the *Application for Extended Care Benefits* (VA Form 10-10EC) to learn the amount of your copay.

Find out more by visiting the Paying for Long Term Care section at [www.va.gov/Geriatrics](http://www.va.gov/Geriatrics).

## What services can I get?

Adult Day Health Care can be a half-day or full-day program. Usually, you would go to an Adult Day Health Care center 2 to 3 times per week, but you may be able to go up to 5 times a week.

# Adult Day Health Care

Based on availability and need, you can create a regular schedule that works for you and your family caregiver. You may be able to get assistance with transportation to and from an Adult Day Health Care center.

## How do I decide if it is right for me?

You can use a Shared Decision Making Worksheet to help you figure out what long term care services or settings may best meet your needs now or in the future.

There's also a Caregiver Self-Assessment. It can help your caregiver identify their own needs and decide how much support they can offer to you. Having this information from your caregiver, along with the involvement of your care team and social worker, will help you reach good long term care decisions.

Ask your social worker for these Worksheets or download copies from the Shared Decision Making section at [www.va.gov/Geriatrics](http://www.va.gov/Geriatrics).

Your physician or other primary care provider can answer questions about your medical needs. Some important questions to talk about with your social worker and family include:

- How much assistance do I need for my activities of daily living (e.g., bathing and getting dressed)?
- What are my caregiver's needs?
- How much independence and privacy do I want?
- What sort of social interactions are important to me?
- How much can I afford to pay for care each month?

If Adult Day Health Care seems right for you, your VA social worker may be able to help you find an Adult Day Health Care center near your home and assist with making arrangements.



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# Benefits of Adult Day Care

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In today's world, elder caregiving is recognized as a key element of everyday life for millions of families throughout the United States. Adult Day Care is an important care option for families as they transition into the role of primary caregiver for their loved ones.

In greater numbers than ever before, caregiver family members face a crucial dilemma between creating and maintaining a healthy life balance for themselves and for their elderly family members. For many caregivers, finding the balance between caring for their loved one and living a normal outside life for themselves can be incredibly difficult. Family caregivers often become overwhelmed by the sheer amount of work they face when caring for their loved ones. Between medicine schedules, physical stress, and the lack of proper care knowledge to meet ailing senior needs, caregivers often find themselves unable to handle the day-to-day demands while also juggling their own responsibilities.

Adult Day Care is an important source of respite care, providing comprehensive programs specially tailored to adults who need supervision and assistance during the day. The service centers offer social activities and health care programs for adults with

physical disabilities and cognitive impairments, while supervising seniors who are frail and unable to be alone for long periods of time. Being a part of an Adult Day Care program allows the individual to live at home while also receiving the crucial required daily care that many families simply do not have the capacity to provide. Potentially, the family can avoid making the difficult decision to move the elderly relative to a full time assisted living facility if an Adult Day Care program is in place. Additionally, it allows caregivers to have peace of mind and a deserved break from the daily struggle of meeting their family member's needs and balancing their own responsibilities.

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### **Benefits of Adult Day Care**

- Preserves independence
- Promotes Social and Cognitive Function
- Safely engages seniors in appropriate physical activities
  - Creates routine and daily expectations
- Improves senior health and quality of life
  - Social Interaction

About half of the United States population has at least one chronic condition, according to the Centers for Disease Control and Prevention (<http://www.cdc.gov/chronicdisease/>). Adults

ages 65 and older, 75 percent of whom have chronic conditions, are expected to make up 19 percent of the population by 2030, compared with 12 percent in 2000.

Adult day care helps to remedy these issues by offering older adults a place to go every day and receive care, nutritious meals, mental and physical stimulation, and companionship.

### **Benefits of Adult Day Care for Caregivers**

- Reduce stress
- Improves participant and caregiver relationships
  - Reduced anxiety or guilt
  - Peace of Mind
- Financial Relief-Adult day care is often less expensive than in-home medical care or full time rehabilitation facilities.
  - Freedom to continue working
  - Improved Quality of Life

According to the Alzheimer's and Dementia Caregiver Center (<https://www.alz.org/care/>) Website, here are some of the most important questions to ask when choosing an Adult Day Care center.

- What are the hours, fees and services? (Be sure to ask about the minimum attendance requirements and the notification policy for absences.)

- What types of programs are offered?
- Are people with dementia separated from other participants or included in general activities?
- Will the center evaluate the person's needs? How will this evaluation be accomplished? What types of health care professionals are on staff? How do you screen them?
  - How are emergency situations handled?
  - How do you ensure the safety of the participants?
    - Is transportation available?

When an adult loved one loses the ability care for him or herself, families can be forced into a difficult position to make tough decisions. Adult Day Care is an option that allows the family member to live at home, while the caregiver simultaneously maintains his or her daily life activities.

For more information, the Caregiver Action Network (<http://www.caregiveraction.org/>) is a non-profit organization providing education, peer support, and resources to family caregivers across the country free of charge.

## References:

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## Related Links:

Senior Housing 101: Senior Care Types Explained

(<http://www.aplaceformom.com/senior-care-resources/articles/senior-housing-options>)

Adult Day Care Fact Sheet (<http://www.eldercare.gov>

[/Eldercare.NET/Public/Resources/Factsheets](http://www.eldercare.gov/Eldercare.NET/Public/Resources/Factsheets)

[/Adult\\_Day\\_Care.aspx](http://www.eldercare.gov/Eldercare.NET/Public/Resources/Factsheets/Adult_Day_Care.aspx))

Benefits of Adult Day Care (<http://www.adultdaycare.org>

[/resources/benefits-of-adult-day-care/](http://www.adultdaycare.org/resources/benefits-of-adult-day-care/))

Seniorliving.org (<http://www.seniorliving.org/lifestyles/adult-day-care/>)