

A Self-Reported Survey of Adult Day Health Care Centers in Louisiana

Survey Conducted By
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Introduction

As part of the work of the Adult Day Health Care Advisory Council, an independent study was conducted to determine the range and depth of services provided by Adult Day Health Care (ADHC) centers in Louisiana. The study also investigated organizational features and strengths of ADHCs.

Dr. Iftexhar Amin of the Gerontology Center at the University of Louisiana at Monroe conducted the study. The study took the form of a self-reported, on-line survey up-loaded on Survey Monkey. See appendix A for the survey instrument. Survey responses were received between December 7, 2009 and February 3, 2010. Centers received multiple prompts to complete the survey. Dr. Amin provided individualized guidance to any center that had technical difficulty with the survey and even accepted some data on paper. Thirty-two of the 37 licensed ADHCs in Louisiana participated (see Appendix B). Some centers did not respond to all of the questions

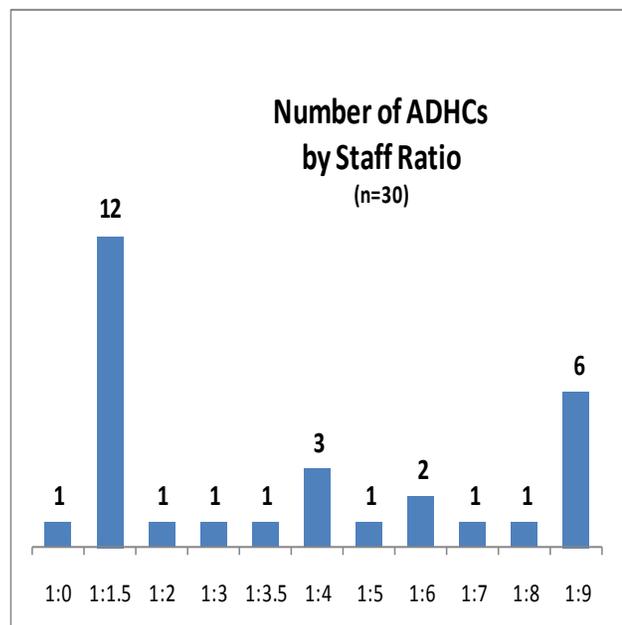
Results

Staffing

Full time and Part time Staff: ADHC centers were asked to report a total of both employed full-time and part-time workers (survey question# 2). Of the 239 staff counted, 71.6 % are employed full-time, while 28.3% are part-time employees. Full time employees per center vary from 2 to 14. Part time employees vary from 0 to 10.

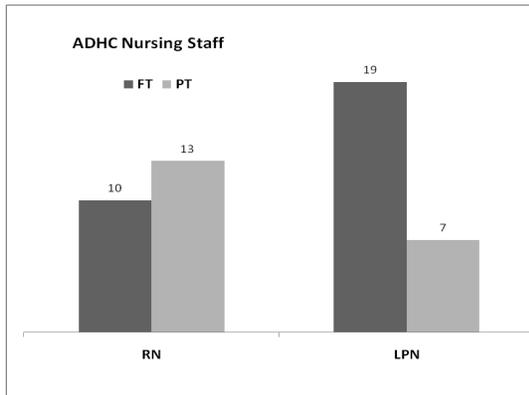
| Answer Options | Staff Reported | Centers Responding |
|----------------|----------------|--------------------|
| Full-time | 172 | 29 |
| Part-time | 67 | 26 |

Staff-client ratio: The ADHC licensure rule requires a ratio of direct care staff to clients of at least 1:9. The definition of direct care staff is staff who provide personal care or other services and support to persons with disabilities or to the elderly to enhance their well-being, and who are involved in face-to-face contact with the participant. Thirty valid responses were received on the staff-client ratio. The maximum direct care staff to client ratio reported is 1:1. The minimum ratio reported is 1:9.



Professional Staff: Nationally, ADHCs hire a variety of professional staff. For this study, interest was in those professional staff, such as nurses and therapists, that were either hired directly or secured under contract to provide services to participants.

Centers were asked to report on a variety of professional staff, including nurses, therapists, social workers and dieticians. They were asked to report if these staff were employed full or part-time. Centers were also asked if they had these staff available under contract and if so, how many hours a month they contracted for.



Every center that reported staff totals reported having either full or part-time registered nurses or licensed practical nurses. This is to be expected because the licensing standards require ADHCs to “employ a full-time Licensed Practical Nurse or Registered Nurse to provide medical care and supervision.” Centers also enhance the nursing services that are required by contracting for additional nursing.

The Department was also interested in the level of specialized therapy that ADHCs currently provide to their clients, since some states make use of ADHC as a cost effective method to provide rehabilitation services. Not surprisingly, since Louisiana does not currently emphasize the availability of rehabilitation services in centers, no center has therapists on their staff. However, at least two centers apparently contract with an agency that provides a speech therapist, physical therapist, and occupational therapist to provide these services to their clients. Other professionals represented in ADHC staffs include rehabilitation counselor and recreational therapist.

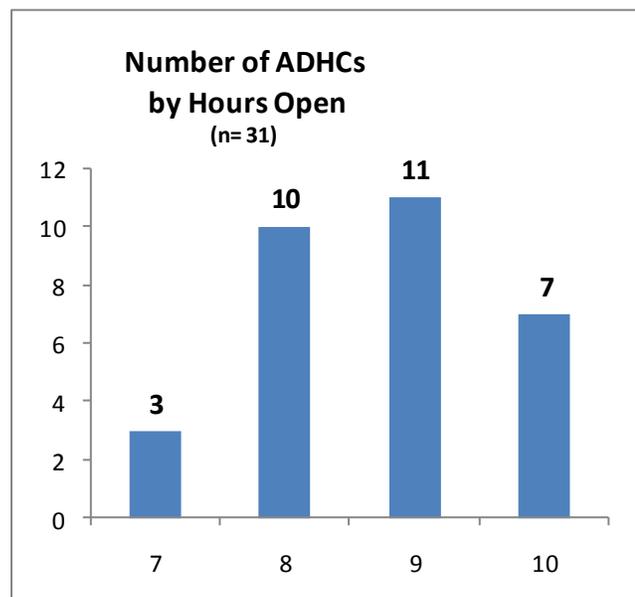
ADHCs are also required to have available a social service designee and to provide meals that meet the dietary requirements of their clients, including those that require special diets. As a result, employed and contracted staffs often include social workers with a BSW or MSW, and registered dieticians and nutritionists.

Other Staff: Other staff mentioned by centers include drivers, certified nurse assistants, activity directors, administrators, and clerical workers.

Operations

Hours of Operation: ADHCs may be used by working caregivers as a place where family members can be cared for while the caregiver is at work. Such caregivers require centers that are open throughout the entire normal work day. The survey found that 30 centers reported opening at 8 AM or earlier. However, only 10 centers reported closing at 5 PM or later. Thirteen centers reported closing at 4 PM. Two centers close at 3 pm.

Most centers reported being open at least 8 hours per day, though 3 centers reported being open less than a full 8 hour work day.



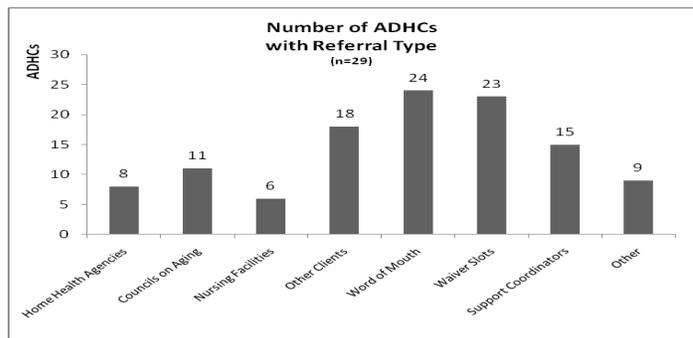
Size: Self reported client capacity ranges from 13 to 72, with an average capacity of 36 (n=28). However, data from cost reports indicate that licensed capacity ranges from 15 to 121, with an average capacity of 38. This may indicate that centers do not have sufficient staff to care for as many clients as the center has physical capacity to serve.

Affiliations: Most ADHCs in Louisiana are affiliated with organizations that provide more services to their community than just this one Medicaid service. Non-profit centers are often affiliated with a larger social service agency, hospital, or nursing facility. But even for-profit centers are often licensed to provide additional Medicaid-reimbursed services such as personal care assistance, supported independent living, and respite care. Centers also make use of local social services agencies, health care providers, faith based organizations, recreation programs, and others to enrich their internal programming.

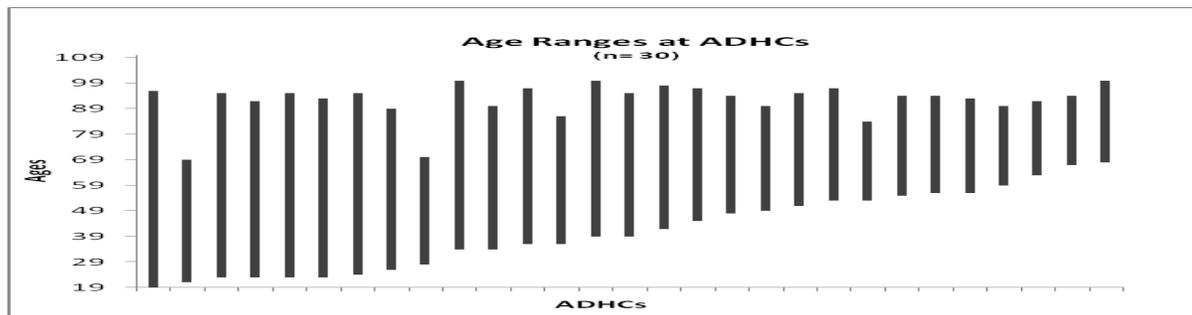
While the survey did ask centers to report on their business model and affiliation, the department also had information about centers' status in its licensing documents. Based on licensing data, 54% of Louisiana's ADHCs have non-profit status and 38% are affiliated with a larger, multi-service non-profit organization such as a faith-based social service agency, hospital, or council on aging. Three centers are run by local or state governmental units.

Client Base

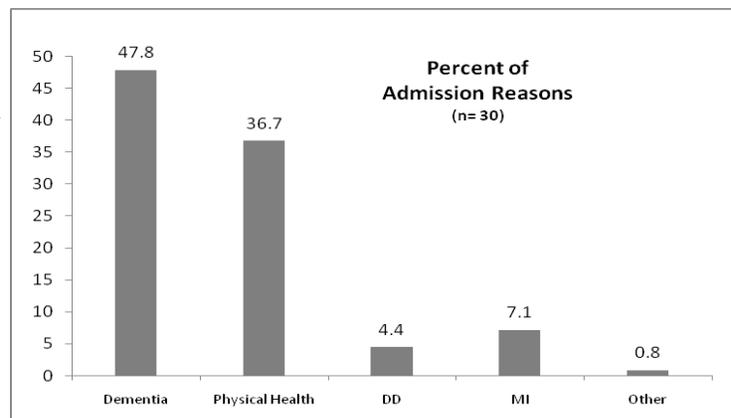
Client sources: ADHCs reported multiple sources of client referrals. Primary referral sources include word of mouth and other clients, and referral through the Medicaid waiver and support coordination system.



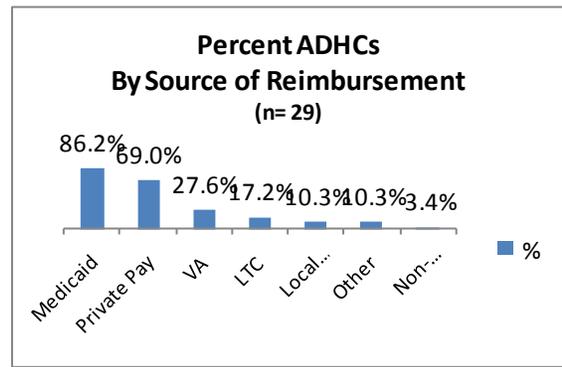
Demographics: The ADHC client population is reported to be 67.9% female and 32.1 % male. Medicaid's ADHC recipients are 70% female. The age range of clients is 18-100, with an average age range of 41-92.



Every center reports serving clients with dementia and with physical disabilities. Twelve centers report that more than half of their clients have dementia. Eleven report that more than half of their clients have physical disabilities.



Payment Sources: Medicaid, private pay, and the Veterans Administration were the chief sources of revenue for Louisiana ADHCs. Of the participating centers, two are not enrolled in Medicaid and receive all of their income from private pay or other third party sources. Of the centers that do participate in the Medicaid program, only three report receiving more than half of their income from private pay clients. Fourteen of these centers report that less than 10% of their income is from sources outside of Medicaid. Nationally, ADHCs receive just under 40% from public sources and 35% from private pay.



Services

Model of Care: While Louisiana’s licensing standards define the kind of care provided in ADHCs as adhering to a medical model, almost all of the reporting ADHCs indicated that they provide a blend of social and medical models to their clients.

Nursing Services: ADHCs are required to retain nursing staff and to provide nursing services to their clients. One purpose of this survey was to investigate the details of that nursing service and to gain an appreciation of the kind of nursing services ADHC clients are offered and access. Nineteen centers reported the nursing services they provide. Eleven of those reported that they provide services in the area of medication. This included medication administration, medication reminders, medication management and documentation, and education. Other commonly mentioned nursing services included glucose and vital sign monitoring, patient and family education, wellness checks, and wound care. A majority of centers reported being in contact with their clients’ physicians as often as necessary.

Therapies and Complex Care: About one-third of centers reported that they made rehabilitative therapies available to their clients. Fifteen centers have 74 clients participating in Physical Therapy. At the time of the survey, a dozen centers were serving 18 clients with occupational therapy and 12 patients with speech therapy. This is a much larger number than the number of centers hiring or contracting for therapists, and suggests that centers are arranging for therapy from third parties, transporting clients to therapy, or otherwise supporting their clients obtaining therapy.

From 100-200 clients are enrolled in specialized dementia or continence programs.

During the time the survey data was collected, ADHCs were serving approximately 720 Medicaid clients and had a reported total capacity of 1060 clients.

| | Total Clients | ADHCs |
|-----------------------------------|---------------|-------|
| Services Provided | | |
| Physical Tx | 74 | 15 |
| Occup. Tx | 18 | 13 |
| Speech Tx | 11 | 12 |
| Health Monitoring | 503 | 17 |
| Foot Care | 81 | 12 |
| Dental | 36 | 8 |
| Wound Care | 64 | 13 |
| Home Safety | 216 | 13 |
| Housing Assistance | 21 | 9 |
| Information and Ref | 503 | 16 |
| Public Benefits Counsel | 171 | 12 |
| Social Services | 144 | 13 |
| Caregiver/Family Support Group | 166 | 14 |
| Caregiver/Family Support Services | 271 | 10 |
| Caregiver I&R | 288 | 11 |
| Caregiver Counseling & Training | 207 | 9 |
| Bathing | 10 | 5 |
| Continence Prog | 129 | 8 |
| Dementia Prog | 183 | 7 |
| Disease Prog | 100 | 5 |
| Health Ed and Coun | 239 | 7 |

Transportation: All Medicaid enrolled centers provide transportation to and from the center, though they may do so in a limited catchment area. Three quarters of reporting centers provide transportation for center outings and to medical appointments; 9 centers transport clients to community services like the grocery or drugstore. Nearly all Medicaid enrolled centers provide transportation to more than 90% of clients.

Other Services: Other services that were accessed by more than 100 clients statewide included Home

| Transportation Provided | ADHCs Providing | ADHCs Responding | |
|---|-----------------|------------------|-------|
| Transportation to and from the center with no limit of distance | 3 | 29 | 10.3% |
| Transportation to and from the center within limited radius | 25 | 29 | 86.2% |
| Transportation for outings | 22 | 29 | 75.9% |
| Transportation to community services such as grocery or bank | 11 | 29 | 37.9% |
| Transportation to medical appointments | 17 | 29 | 58.6% |
| Transportation for medical emergencies | 7 | 29 | 24.1% |

Safety Programs, Information and Referral, Public Benefits Counseling, Social Services, and Counseling, Support Groups, and Services directed towards Families and Caregivers.

Socialization: Socialization is a key component of any ADHC program. Activities involving more than 100 clients statewide are music groups, spiritual groups, crafts, and entertainment (movies, TV, etc.) Other activities involving large number of people include exercise, art groups, day trips, adaptive games, and women’s groups. Nearly all centers provided ways for clients to get outside at times. Some did this only with day trips and outings, but many provide outside space for gardening, walking, and picnics. Center staff seems very creative in using local attractions and resources to build programming that is stimulating, accessible and enjoyable for their clients. They have forged relationships with outside entities that result in volunteers coming to the center, activity programs, and continuing education for their clients.

| Activities Provided | ADHCs Responding | Median %Clients |
|--|------------------|-----------------|
| Music Groups | 20 | 100 |
| Spiritual | 21 | 100 |
| Crafts | 22 | 100 |
| Entertainment (movies, TV, music, etc.) | 22 | 100 |
| Art Groups Books/Readings/Story Telling | 22 | 95 |
| Exercise | 24 | 95 |
| Day Trips/Trips in the Community Entertainment | 24 | 85 |
| Adaptive Games | 22 | 75 |
| Other Games | 23 | 75 |
| Women's Groups | 12 | 68 |
| Hairdressing | 19 | 30 |
| Sports-Related Activities | 14 | 30 |
| Men's Groups | 13 | 10 |
| Computer literacy | 14 | 5 |
| None of the Above | 2 | 0 |
| Other Intergenerational Activities, memory games, quizzes, folding | 3 | NA |

Nutrition: ADHCs are required to provide client meals. The survey showed that nearly all centers provide breakfast, lunch and a mid-afternoon snack. Approximately half also provide a mid-morning snack. Centers are required to provide special diets to those that need them. Centers use dietitians, usually as consultants, to accomplish this task.

Strengths

The survey provided a free text area in which program managers were asked to describe their centers greatest strengths. While there was a great variety of responses there were also common threads. Many responses included both the socialization and relationships between and among staff and participants, while also emphasizing the health monitoring, maintenance and wellness activities the centers provide.

Summary

Results show considerable variability between centers in many of the areas covered by the survey, including staffing arrangements, provision of therapies, hours of operation, and sources of reimbursement. Though Louisiana's licensing requirements point toward a medical model of ADHC, centers report and survey results indicate that a "blended" model of ADHC prevails in Louisiana, with all centers providing socialization and activities associated with "social model" services, and with medical services varying by center and participant need.

APPENDICES

Appendix A. Survey Instrument

Adult Day Health Care Provider Electronic Survey

Please provide the following information about your adult day care program. We may contact you for further information.

YES, I have read and understand the attached information letter.

1. Name of the program: _____

2. Number of staff: _____ Full-time _____ Part-time _____

3. Number of professional staff this center employs: _____

Job titles:

Drop down for

Registered Nurse

Licensed Practical Nurse

Physical Therapist

Speech Therapist

Occupational Therapist

Licensed Clinical Social Worker

Master of Social Work

Other: specify _____

With indication if full-time or part-time

4. Number of professional staff you retain under contract: _____

Use same drop down shown in Question 3, with indication of # hours used per month

5. Average direct care* staff to client ratio: _____

Add a drop down here that provides the definition of Direct Care staff from the licensing rule (Unlicensed staff who provide personal care or other services and support to persons with disabilities or to the elderly to enhance their well-being, and who are involved in face-to-face contact with the participant.)

6. Center hours. *Use a drop-down to show time open and time close on each day.*

7. Primary focus of services:

Social

Medical

Social and Medical (combination)

8. Maximum daily capacity: _____

9. Is your facility: (check one)

Non-profit

For-profit

Government based

Other _____

10. Is your facility: (check one)

Free-standing facility

Part of residential facility

Hospital-based
Other (please indicate) : _____

11. Are you an enrolled provider for any other Medicaid services? Specify _____

Please answer the following questions specific to your client population in 2009.

12. Gender of participants (please provide percentages) in 2009: ____ Male ____ Female

13. Range in age of participants in 2009: _____

14. Reasons for attending in 2009: (check all that apply *and* approximate percentage for each category)

_____ Dementia _____ %
_____ Physical health problems _____ %
_____ Developmental disabilities _____ %
_____ Mental illness _____ %
_____ Other: _____ %

15. In 2009 clients were referred by (list): _____

16. What % of the population you served were private pay in 2009? _____

17. What % of the population you served were 3rd party reimbursed in 2009? _____

18. In 2009, we were reimbursed by (check all that apply):

Medicaid _____ long-term care insurance _____
local service agency/program (specify) _____
Veterans Administration _____ Non-Medicaid state program(s) (specify),
private pay _____ other (specify) _____

The following questions are about the services you provide to the participants.

19: What sort of transportation does your center provide (check all that apply)

Transportation to and from the center with no limit of distance
Transportation to and from the center within ____ mile radius of the center
Transportation for outings
Transportation to community services such as grocery or bank
Transportation to medical appointments
Transportation for medical emergencies

20. What percentage of your clients provide their own transportation to and from the center?

21. For what percentage of your clients do you have regular contact with the primary care or other physician? Yes No

22. Please give examples of the kinds of nursing services you have provided in the past

23. For how many clients did you provide specific nursing care pursuant to a physicians order in the last year? _____ What kind of services were these? _____

24. What meals do you provide? Breakfast Lunch Supper

25. What snacks do you provide? Mid-morning Mid-afternoon Other

26. How do you accommodate special diets? _____

27. In the past 12 months, this Center provided the following services to the following numbers of individuals:

(fill in a number of persons)

Each service would have a drop down box with the following choices:

This service is provided by this center

This service is arranged as needed with third party payment such as Medicare or private health insurance.

This service is available for an extra fee

This service is not available at this center

_____ Occupational Therapy

_____ Physical Therapy

_____ Speech Therapy

_____ Mental Health Therapy

_____ Health Monitoring

_____ Foot Care

_____ Dental Care

_____ Wound Care

_____ Home Safety Program

_____ Housing Assistance

_____ Information and Referral

_____ Public Benefits Counseling (help in applying for non-Medicaid assistance)

_____ Social Services (specify) _____

_____ Caregiver/family support group

_____ Caregiver/family support services

_____ Caregiver Information & Referral

_____ Caregiver counseling and training

_____ Bathing

_____ Continence programs

_____ Dementia specific services (specify) _____

_____ Disease Specific Services (specify) _____

_____ Health Education and Counseling

_____ Other (Please specify and describe): _____

28. In the past 12 months, this adult day health care center has conducted these activities (Please check all that apply):

Will include drop down to indicate % of clients participating.

Adaptive Games

Other Games

Art Groups Books/Readings/Story Telling

Day Trips/Trips in the Community Entertainment

- Exercise
- Hairdressing
- Men's Groups
- Music Groups
- Spiritual
- Sports-Related Activities
- Women's Groups
- Computer literacy
- Crafts
- Entertainment (movies, TV, music, etc.)
- None of the Above
- Other (Please specify and describe)_____

29. Please list outdoor activities programs

30. Do you use any community resources in the activities/services described in questions 18-23?
 Yes No

31. Please describe what resources you use._____

32. What would you identify as the greatest strengths of your program?

33. Some states license Social Model Adult Day Care which provides supervision, meals and activities. Social model centers may contract for nurse consultation, but are generally not required to provide nursing or medical services. Participation is restricted to individuals who have little need for ADL assistance or medical care -- most social model day care is targeted to clients in early stages of dementia. Reimbursement is at an appropriate rate for this less intense service model. If this model was licensed in Louisiana, would this center be interested in offering this level of service? Yes No

34. Some states use Adult Day Health Care Center to provide high level nursing care such as Wound Care, IV Therapy, Physical Therapy, Speech Therapy, Occupational Therapy, Tracheostomy Care, Ostomy Care, and Tube Feeding. Reimbursement for this level of care is appropriate to the higher need for professional staff that this level of care requires. Would your center be interested in providing this level of service? Yes No

Thank you for your time!

Appendix B. List of participant centers

- Red River Adult Health Care Center
- Hope Manor
- ADHC
- Maison de Williams, Inc.
- Grace and Glory ADHC
- Compassionate Covenant Adult Day Health Care, Inc.
- Baker Wellness Center
- Hansberry Adult Day Health Care, LLC
- PHASE (Poydras Home Activity Services for the Elderly)
- East Jefferson General Hospital
- Adult Day Health Care of Carencro, LLC
- Seniors Club
- Promise Pride Adult Day Healthcare Center
- Day Haven Adult Day Health Care, LLC
- Franciscan House Adult Day Health Care
- John J. Hainkel, Jr. ADHC
- Stepping Stones ADHC
- Slidell Adult Day Health Care
- Rest Adult Day Health Care, Inc
- Kingsley House Adult Day Health Care
- CHRISTUS Schumpert Adult Day Health Center
- Friendship House Adult Day Health Care
- Angel Manor Adult Day Health Care
- L.A. Y.E.S. Adult Day Health Care
- The Center for Better Living
- Empowering Healthcare Too Adult Day Program, LLC
- West Jefferson Medical Center
- Greenwalt Center
- New Directions ADHC
- Alpha House ADHC
- St. Charles Community Health Center
- Paradise Adult Day Health Center

Appendix C. Examples of the kinds of nursing services provided in the past year.

| Center | Services |
|--------|--|
| 1 | eye drops, ear drops, dress wounds, dress bedsores, toe nails |
| 2 | 0 |
| 3 | Breathing Treatments, Catheterizations, Wound Care, Medication Admin., Injections |
| 4 | V/s monitor, monitor glucose and give insulin injections if needed, called ambulance for Emer. assistance when needed, First Aid, call PCP if needed, follow PCP orders, provide transportation for X-ray or blood work to PCP or hospital(mainly Lane) |
| 5 | wound care, medication administration, cbg checks, in-services, education on Disease Process, TB tests, Flu, HINI and Pneumonia Vaccinations, |
| 6 | Administration of physician ordered medications, monthly vital signs, monthly weight monitoring |
| 7 | minor wound care, glucose testing, Vital Signs, Weights, |
| 8 | VITAL SIGN MONITORING, ACCUCHECKS, ADMINISTER MEDICATION |
| 9 | diabetic care, wound care, medication management, same services as with medical home health |
| 10 | focal nursing assessment, recommendations to family members for medical evaluation, medication administration and monitoring for effectiveness, family and health counseling, education on medication, diet and disease processes, social support and encouragement, |
| 11 | medication admin., breathing treatments, glucose testing, BP, temp, weights, wound care |
| 12 | Health education, med compliance/management, vital signs, disease management |
| 13 | Wound care, meds administration |
| 14 | medication administration, blood glucose monitoring, wellness checks, wound care, restorative care modification, health education |
| 15 | vital signs, administration of meds, counseling on meds, etc, finger sticks, weights |
| 16 | medication admin, monthly vitals, Glucose monitoring |
| 17 | Blood pressure monitoring, Dietary Instructions. |
| 18 | Medication Distribution, Tube Feeding |
| 19 | BP, assessments, Diets Monitoring, Weight Monitoring |
| 20 | Medication, wound care, monthly vitals and weight, immunizations, and other nsg. Assignments as needed |
| 21 | Regular initial/annual nursing assessments, as well as quarterly & monthly nursing assessments; progress notes; development of care plans & individual service plans; medication administration; blood glucose monitoring; sliding scale insulin administration; respiratory treatments; first aid; VS monitoring; diet/nutrition monitoring |
| 22 | monitor vital signs, capillary blood sugars, weights, general assessments, monitor and administer medications |
| 23 | Med admin, pill box filling, vital signs monitoring, adaptive equipment linkages, nutritional counseling, health care in-services |
| 24 | vital signs, medication monitoring, administer medication, diet and nutrition education, dx. awareness education, treatment as instructed by physicians order |

| | |
|----|---|
| 25 | Give meds, monitor vitals, documentation, in-services, contact physicians |
| 26 | First aid, medication administration, health education |
| 27 | Med admin. Med reminders. Vital monitoring. Glucose monitoring. Client and family training |
| 28 | EKG MONITORING, INJECTIONS,ADMINISTERING MEDICATION, WOUND DRESSING, ASSISTING/MONITORING WITH OXYGEN TANK |
| 29 | medication education, consultation for medication management with PCP's, VS weekly and prn,glucometer testing |
| 31 | Diabetic care, vitals, ADL assistance, feeding |